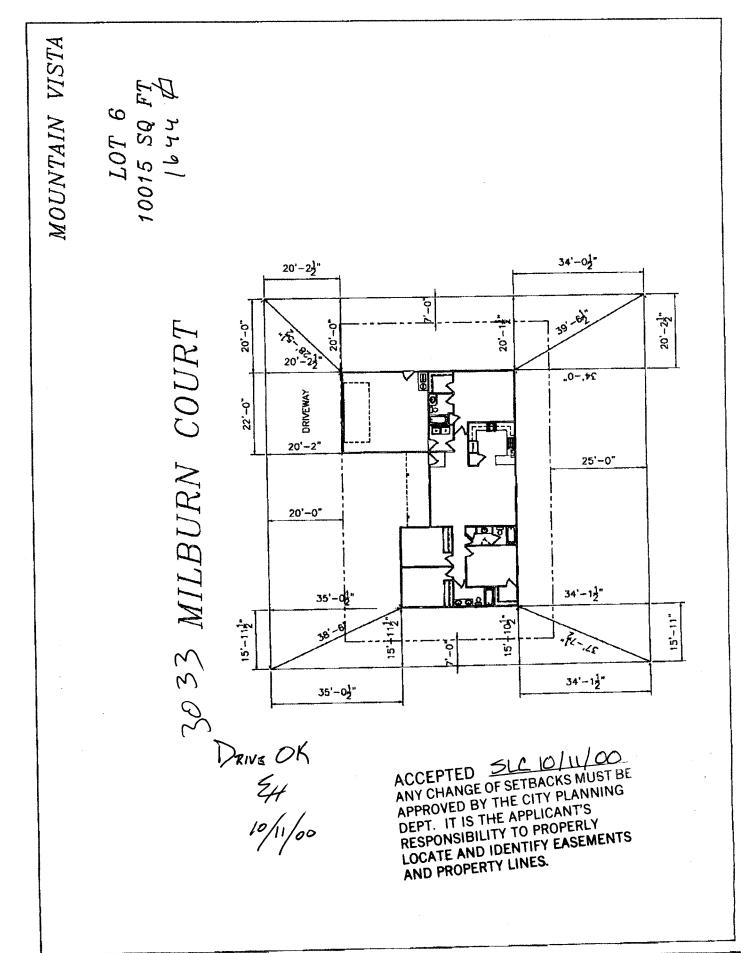
FEE \$ 10 arePLANNING CITCP \$ 450 are(Single Family Residential areSIF \$ 292 areCommunity Develop	nd Accessory Structures)
BLDG ADDRESS 3033 MILBUNCT TAX SCHEDULE NO. 2943-043-00-196 SUBDIVISION MT VISTA FILING / BLK 5 LOT 6 (1) OWNER Lee Hones (1) ADDRESS 3030 FLANE CREST (1) TELEPHONE 734-1091 (2) APPLICANT Lee Hones (2) ADDRESS 3030 FLAMETMST (2) TELEPHONE 234-1091	SQ. FT. OF PROPOSED BLDGS/ADDITION //644// SQ. FT. OF EXISTING BLDGS & TOTAL SQ. FT. OF EXISTING & PROPOSED //644// NO. OF DWELLING UNITS: Before: Before: After: this Construction NO. OF BUILDINGS ON PARCEL Before: After: DESCRIPTION OF WORK & INTENDED USE Mercure Mome (UBC) Manufactured Home (HUD)
property lines, ingress/egress to the property, driveway lo	all existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel.
ZONE	Maximum coverage of lot by structures Permanent Foundation Required: YES_KNO Parking Req'mt Special Conditions CENSUS TRAFFIC ANNX#
structure authorized by this application cannot be occup Occupancy has been issued, if applicable, by the Buildin	oved, in writing, by the Community Development Department. The bied until a final inspection has been completed and a Certificate of ng Department (Section 305, Uniform Building Code). d the information is correct; I agree to comply with any and all codes,

I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

(White: Planning)	(Yellow: Customer)	(Pink: Building Depa	rtmont) (Goldenrod: Utility Accounti	na)
VALID FOR SIX MON	THS PROM DATE OF ISSU	ANCE (Section 9-3-2C C	Grand Junction	Zoning & Development Code)	
Utility Accounting			Date C 1	100	
Additional water and/o	r sewer tap fee(s) are requir	red: YE8	NO	WONO. attach	
Department Approval	Senta fla	stello	Date	11/00	
Applicant Signature	Aprille		Date	0ct 00	



OCT-10-00 TUE 10:57 PM

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