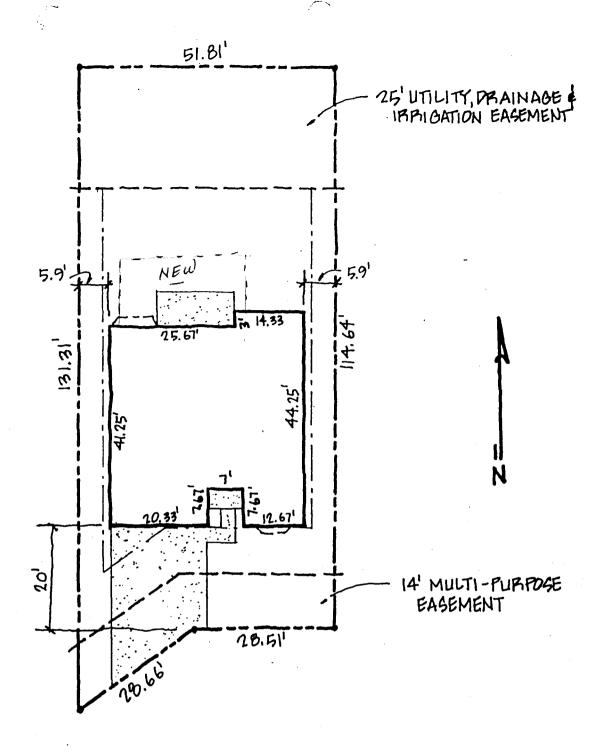
FEE \$ /0,00 PLANNING CI TCP \$ (Single Family Residential and Community Develop) SIF \$ Sift S BLDG ADDRESS SpringSide Ch	nd Accessory Structures)			
TAX SCHEDULE NO. 2945-014-89-012	SQ. FT. OF EXISTING BLDGS			
SUBDIVISION The AAAAA Kidge Et	TOTAL SQ. FT. OF EXISTING & PROPOSED 1625			
FILING BLK LOT (1) OWNER MARYIYN L. SNES (1) ADDRESS 2370 Springside Ct (1) TELEPHONE 257-0090	NO. OF DWELLING UNITS: Before: _/ After: _/ this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction USE OF EXISTING BUILDINGS <u>S. F. R.</u>			
(2) APPLICANT <u>SAMe</u>	DESCRIPTION OF WORK & INTENDED USE <u>addition</u>			
(2) ADDRESS	TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify)			
REQUIRED: One plot plan, on 8 ½" x 11" paper, showing all existing & proposed structure location(s), parking, setbacks to all property lines, ingress/egress to the property, driveway location & width & all easements & rights-of-way which abut the parcel.				
IN THIS SECTION TO BE COMPLETED BY C	OMMUNITY DEVELOPMENT DEPARTMENT STAFF 🕫			
ZONE <u>PR-8</u>	Maximum coverage of lot by structures			

SETBACKS: Front <u>20'</u> from property line (PL)	Permanent Foundation Required: YES_ \swarrow NO		
or from center of ROW, whichever is greater			
Side 5' from PL, Rear 15' from P	Parking Regimt no extra required		
Side <u>5</u> from PL, Rear <u>75</u> from PL	Special Conditions		
Maximum Height	'		
	CENSUS $/O$ TRAFFIC 22 ANNX#		

Modifications to this Planning Clearance must be approved, in writing, by the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building Department (Section 305, Uniform Building Code).

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).

Applicant Signature Maryly - K	brues	_ Date _	2-29-00
Department Approval		Date	2-29-00
Additional water and/or sewer tap fee(s) are required	YES	NO	W/O NO. NO CHGIN
Utility Accounting Acces		Date	2/29/00
VALID FOR SIX MONTHS FROM DATE OF ISSUAN	ICE (Section 9-3-2C	Grand June	ction Zoning & Development Code)
(White: Planning) (Yellow: Customer)	(Pink: Building Dep	oartment)	(Goldenrod: Utility Accounting)



ACCEPTED Jun U. Brown 2/29/00 BLOCK I LOT IZ Y CHANGE OF SETBACKS MUE SE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES. 2/29/00 BLOCK I LOT IZ PLOT PLAN I' = 20!

Building Dept Copy