FEE\$	500
TCP\$	***********
SIF\$	

(White: Planning)

(Yellow: Customer)

PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures) **Community Development Department**



(Goldenrod: Utility Accounting)

111111	Your Bridge to a Better Community	
BLDG ADDRESS 406 West Drand	SQ. FT. OF PROPOSED BLDGS/ADDITION	
TAX SCHEDULE NO. 2945-151-00-079	SQ. FT. OF EXISTING BLDGS 600	
SUBDIVISION	TOTAL SQ. FT. OF EXISTING & PROPOSED	
(1) ADDRESS / V2087 Hospital Ct (1) TELEPHONE 970-249-6374 (2) APPLICANT haves My 1503	NO. OF DWELLING UNITS: Before: _/ After: _O this Construction NO. OF BUILDINGS ON PARCEL 3Before: _/ After: _O this Construction USE OF EXISTING BUILDINGS	
(2) ADDRESS 2089 Hod 3541.0 F.	Site Built Manufactured Home (UBC) Manufactured Home (HUD)	
(2) TELEPHONE 770 747-6374	Other (please specify)	
	all existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel.	
THIS SECTION TO BE COMPLETED BY C	OMMUNITY DEVELOPMENT DEPARTMENT STAFF 🖘	
ZONE RMF-8	Maximum coverage of lot by structures	
SETBACKS: Front from property line (PL) or from center of ROW, whichever is greater Side from PL Rear from F Maximum Height	Parking Req'mt	
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 out not necessarily be limited to non-use of the building(s).		
Applicant Signature May 1	Date //9/0/	
Department Approval	#201 Date //9/0/	
Additional water and/or sewer tap fee(s) are required:	YES NO WO No. Denut	
Utility Accounting	Date 1/9/0/	
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE	E (Section 9-3-2C Grand Junction Zoning & Development Code)	

(Pink: Building Department)