FEE \$ /0.00 PLANNING CLEA TCP \$ (Single Family Residential and Action Community Development) SIF \$ (Development)	ccessory Structures)
	Your Bridge to a Better Community
BLDG ADDRESS 35 14 Hall ave sq	. FT. OF PROPOSED BLDGS/ADDITION 1092
TAX SCHEDULE NO. 2945-124-02-01250	FT. OF EXISTING BLDGS
SUBDIVISION Metrose Subal TO	TAL SQ. FT. OF EXISTING & PROPOSED
FILING BLK _/ LOT _// NO	OF DWELLING UNITS TO
() OWNER Lester Schied NO	OF DWELLING UNITS TO this Construction
(1) ADDRESS	
US	E OF EXISTING BUILDINGS
(2) APPLICANT	SCRIPTION OF WORK & INTENDED USE <u>difactual garage</u>
(2) ADDRESS	PE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD)
⁽²⁾ TELEPHONE	Other (please specify)
REQUIRED: One plot plan, on 8 ½" x 11" paper, showing all ex property lines, ingress/egress to the property, driveway locatio	isting & proposed structure location(s), parking, setbacks to all n & width & all easements & rights-of-way which abut the parcel.
THIS SECTION TO BE COMPLETED BY COMN	
ZONE RMF-8	Maximum coverage of lot by structures
SETBACKS: Front $25'$ from property line (PL)	Permanent Foundation Required: YESNO χ
or from center of ROW, whichever is greater	Parking Req'mt2
Side <u>3</u> from PL, Rear <u>5</u> from PL Maximum Height <u>35</u>	Special Conditions
Maximum Height	CENSUS TRAFFIC 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	Date <u>4-29-0/</u>
Department Approval C + Aug Milson	Date (0/29/0)
Additional water and/or sewer tap fee(s) are required: YES	NO W/O No.
Utility Accounting CBensley	Date 629101
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2	C Grand Junction Zoning & Development Code)

(White: Planning) (Yellow: Customer) (Pink	Building Department) (Goldenrod: Utility Accounting)
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