TCP\$

(White: Planning)

(Yellow: Customer)

PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures)

Community Development Department



Your Bridge to a Better Community

(Goldenrod: Utility Accounting)

BLDG ADDRESS 684 MODHELSE Ct.	SQ. FT. OF PROPOSED BLDGS/ADDITION 2254 4
TAX SCHEDULE NO. 2945-031-67-009	SQ. FT. OF EXISTING BLDGS PLACE
SUBDIVISION MODIFIESE	TOTAL SQ. FT. OF EXISTING & PROPOSED 2084
OWNER GRAND Ridge Properties	NO. OF DWELLING UNITS: Before: After: this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction
(1) ADDRESS 3532 I 70 Bus. Loop	USE OF EXISTING BUILDINGS
(1) TELEPHONE (970) 43441ells	DESCRIPTION OF WORK & INTENDED USE NEW Smale Tamba
(2) APPLICANT GNESS SERVICES (2) ADDRESS 3032 To 70 Bw. Loop (2) TELEPHONE (970) 434-4616	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 a 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 This section to be completed by Co	OMMUNITY DEVELOPMENT DEPARTMENT STAFF ®
	Maximum coverage of lot by structures
SETBACKS: Front 20 from property line (PL) or from center of ROW, whichever is greater	
Side 7 from PL, Rear 25 from F	Parking Req'mt
Maximum Height 35°	Special Conditions
	CENSUS $/U$ TRAFFIC ∂O 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).	
• • • • • • • • • • • • • • • • • • • •	the information is correct; I agree to comply with any and all codes, to the project. I understand that failure to comply shall result in legal to non-use of the building(s).
Applicant Signature Applicant Signature	CMGWIF Date 15 FEB 01
Department Approval Auta Cost	ello Date 3/1/01
Additional water and/or sewer tap fee(s) are required:	YES NO W/O No/ 2397
Utility Accounting	
	Date 3 1 0 1

(Pink: Building Department)

