

FEE \$	10.00
TCP \$	500.00
SIF \$	292.00

PLANNING CLEARANCE
 (Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 85758



Your Bridge to a Better Community

BLDG ADDRESS 407 B Broken Arrow SQ. FT. OF PROPOSED BLDGS/ADDITION 1294
 TAX SCHEDULE NO. 2943-174-¹⁹007 SQ. FT. OF EXISTING BLDGS 0
 SUBDIVISION Hunt Ridge TOTAL SQ. FT. OF EXISTING & PROPOSED 1294
 FILING 1 BLK 1 LOT 7 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction
 (1) OWNER TMC Enterprises Inc NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction
 (1) ADDRESS Box 2519 Grift Co USE OF EXISTING BUILDINGS Single Family Res.
 (1) TELEPHONE 201-8022 DESCRIPTION OF WORK & INTENDED USE Single Family
 (2) APPLICANT Same as above TYPE OF HOME PROPOSED:
 (2) ADDRESS _____ Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 (2) TELEPHONE _____ _____ Other (please specify) _____

REQUIRED: One plot plan, on 8 1/2" 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.

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE RMF-8 Maximum coverage of lot by structures 70%
 SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES NO _____
 or _____ from center of ROW, whichever is greater
 Side 5' from PL, Rear 10' from PL Parking Req'mt 2
 Maximum Height 35' Special Conditions _____
 CENSUS 8 TRAFFIC 56 ANN# _____

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 [Signature] Date 8/7/02
 Department Approval [Signature] Date 8/7/02

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>15789</u>
Utility Accounting <u>[Signature]</u>	Date <u>8/7/02</u>		

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

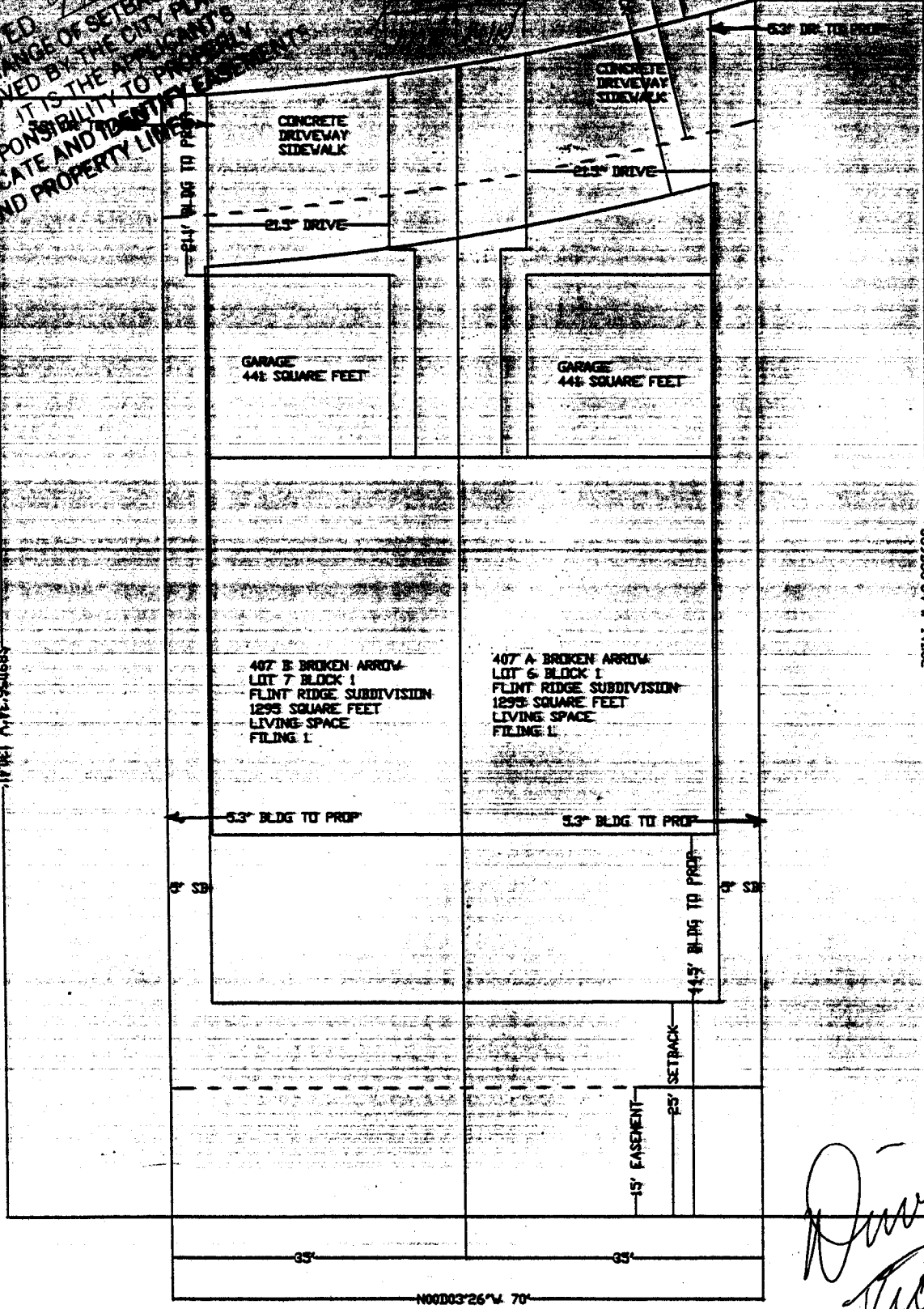
(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

BROKEN ARROW

2407-16



Accepted
ACCEPTED
ANY CHANGE OF SETBACKS MUST BE
APPROVED BY THE CITY PLANNING
DEPT. IT IS THE APPLICANT'S
RESPONSIBILITY TO PROPERLY
LOCATE AND IDENTIFY EASEMENTS
AND PROPERTY LINES



Done OK
Tech Downs
8-6-02

N00D03'26" W 70'