FEE \$ 10,00 PLANNING CL   TCP \$ 0 (Single Family Residential ar   SIF \$ 292.00 Community Develop   BLDG ADDRESS 29/03 BMC Address Down and the second	nd Accessory Structures)
TAX SCHEDULE NO. 2943-051-74-005	SQ. FT. OF EXISTING BLDGS
SUBDIVISION BACOKSide	TOTAL SQ. FT. OF EXISTING & PROPOSED
FILING <u>3</u> BLK <u>4</u> LOT <u>2</u> (1) OWNER <u>Darter</u> , <u>2</u> (1) ADDRESS <u>78(0)</u> <u>10000</u> <u>(4</u> . (1) TELEPHONE <u>523-5555</u> (2) APPLICANT <u>20000</u> <u>1000</u> <u>0</u>	NO. OF DWELLING UNITS: Before:After:this Construction NO. OF BUILDINGS ON PARCEL Before:After:this Construction USE OF EXISTING BUILDINGS DESCRIPTION OF WORK & INTENDED USE TYPE OF HOME PROPOSED:
<sup>(2)</sup> ADDRESS 78( $p$ 1) $p$ 10 $p$ 1	X 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 loo	DMMUNITY DEVELOPMENT DEPARTMENT STAFF 🖘

ZONE RPD	Maximum coverage of lot by structures $35 ?_0$			
SETBACKS: Front from property line (PL)	Permanent Foundation Required: YES $\_$ ${\smile}$ NO $\_$			
or from center of ROW, whichever is greater Side from PL, Rear 20 from PL	Parking Req'mt _2			
	Special Conditions			
Maximum Height <u>32</u>	CENSUS // TRAFFIC 45_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 Monica Auta		Date _	10-16-0	2			
Department Approval Bld Bayleen Henderson		Date	10-31-02				
Additional water and/or se	ewer tap fee(s) are required:	YES /	NO	W/O No.	15440		
Utility Accounting	T. Bensley		Date	10/31/02-			
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)							
(White: Planning)	(Yellow: Customer) (Pi	nk: Building De	partment)	(Goldenrod:	Utility Accounting)		





