FEE\$ 10.00 PLANNING CLEA	RANCE (6) BLDG PERMIT NO.
TCP\$ (Single Family Residential and Ad	
SIF \$	nt Department
13323-8 353	Your Bridge to a Better Community
Building Address 585 25/2 Rd. 1434	No. of Existing Bldgs Proposed /
Parcel No. $2945 - 102 - 00-160$	9 Sq. Ft. of Existing Bldgs 0 Proposed 6 Proposed
Subdivision <u>Paradise</u> Valley	Sq. Ft. of Lot / Parcel
Filing Block Lot	Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed)
OWNER INFORMATION:	
Name Dorothy J. Vial Dando	DESCRIPTION OF WORK & INTENDED USE:
Address 585 25/2 Rd #24	New Single Family Home (*check type below) Interior Remodel Addition
City/State/Zip Grand Jct. CD	Other (please specify):
APPLICANT INFORMATION: 8150S	*TYPE OF HOME PROPOSED:
APPLICANT INFORMATION.	Site Built Manufactured Home (UBC)
Name	Manufactured Home (HUD) Other (please specify):
Address SHIPLE	Other (please specify).
City / State / Zip	NOTES:
Telephone <u>970-245-8755</u>	
REQUIRED: One plot plan, on 8 ½" 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.	
F THIS SECTION TO BE COMPLETED BY COM	MUNITY DEVELOPMENT DEPARTMENT STAFF
ZONE PD	Maximum coverage of lot by structures
SETBACKS: Front from property line (PL)	Permanent Foundation Required: YESNO
Side from PL Rear from PL	Parking Requirement
Maximum Height of Structure(s)	Special Conditions
Drilyeway	
Voting District Location Approval(Engineer's Initials	
	, 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	

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 Department Approval Date

W/O No. Additional water and/or sewer tap fee(s) are required: YES NO 1a **Utility Accounting** Date