• •	
FEE \$ 10.00 PLANNING C	
TCP \$ \$24326 (Single Family Residential a	\sim
SIF\$ 292.00 Community Develop	oment Department
	Your Bridge to a Better Community
BLDG ADDRESS 229 Arlington	SQ. FT. OF PROPOSED BLDGS/ADDITION ANAL - 455
TAX SCHEDULE NO. 2743.303.65.002	SQ. FT. OF EXISTING BLDGS
SUBDIVISION HTYOWHEAD ACTEST	TOTAL SQ. FT. OF EXISTING & PROPOSED Javag -455
FILING BLK LOT	NO. OF DWEELING UNITS:
"OWNER <u>PINNACLETEMES, INC.</u>	Before: After: this Construction
(1) ADDRESS 518 38 Rd. A-107	Before: After: this Construction
(1) TELEPHONE 970. 241. 6646	USE OF EXISTING BUILDINGS <u>N/H</u>
(2) APPLICANT Same AS Above	DESCRIPTION OF WORK & INTENDED USE
⁽²⁾ ADDRESS	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.
IN THIS SECTION TO BE COMPLETED BY CO	OMMUNITY DEVELOPMENT DEPARTMENT STAFF 🖘
	9 7

ZONE <u>RMF-S</u>	Maximum coverage of lot by structures 60 70
SETBACKS: Front $20'$ from property line (PL) or from center of ROW, whichever is greater	Permanent Foundation Required: YESNO
	Parking Req'mt
Side <u>5</u> from PL, Rear <u>25</u> from PL	Special Conditions
Maximum Height35	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 <u>BUUMAAAAA</u> Department Approval <u>MIC Faye Moon</u>	Date 3/19/03 Date 4/2/03
Additional water and/or sewer tap fee(s) are required: YES	NO W/O No.
Utility Accounting	Date 4-3-03
VALUE FOR ON MONTHS FROM DATE OF ICOUANCE (C	and lunction Zester (Development Code)

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

(White:	Plan	ning)
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(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)

