


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

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

BLDG PERMIT NO. 88487



Your Bridge to a Better Community

BLDG ADDRESS 415 B Broken Arrow SQ. FT. OF PROPOSED BLDGS/ADDITION 1325
 TAX SCHEDULE NO. 2943-174-20-011 SQ. FT. OF EXISTING BLDGS 0
 SUBDIVISION Flint Ridge TOTAL SQ. FT. OF EXISTING & PROPOSED 1325
 FILING 2 BLK 3 LOT 4 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction
 (1) OWNER T.M.L. Enterprises Inc. NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction
 (1) ADDRESS P.O. Box 2569 G.J. Co. 81502 USE OF EXISTING BUILDINGS NA
 (1) TELEPHONE (970) 245-9271 DESCRIPTION OF WORK & INTENDED USE Single Family Attached new const.
 (2) APPLICANT T.M.L. Enterprises Inc. TYPE OF HOME PROPOSED:
 (2) ADDRESS P.O. Box 2569 G.J. Co. 81502 Site Built Manufactured Home (UBC)
 (2) TELEPHONE (970) 245-9271 Manufactured Home (HUD)
 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 _____ TRAFFIC _____ 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 3/4/03
 Department Approval [Signature] Date 3-10-03

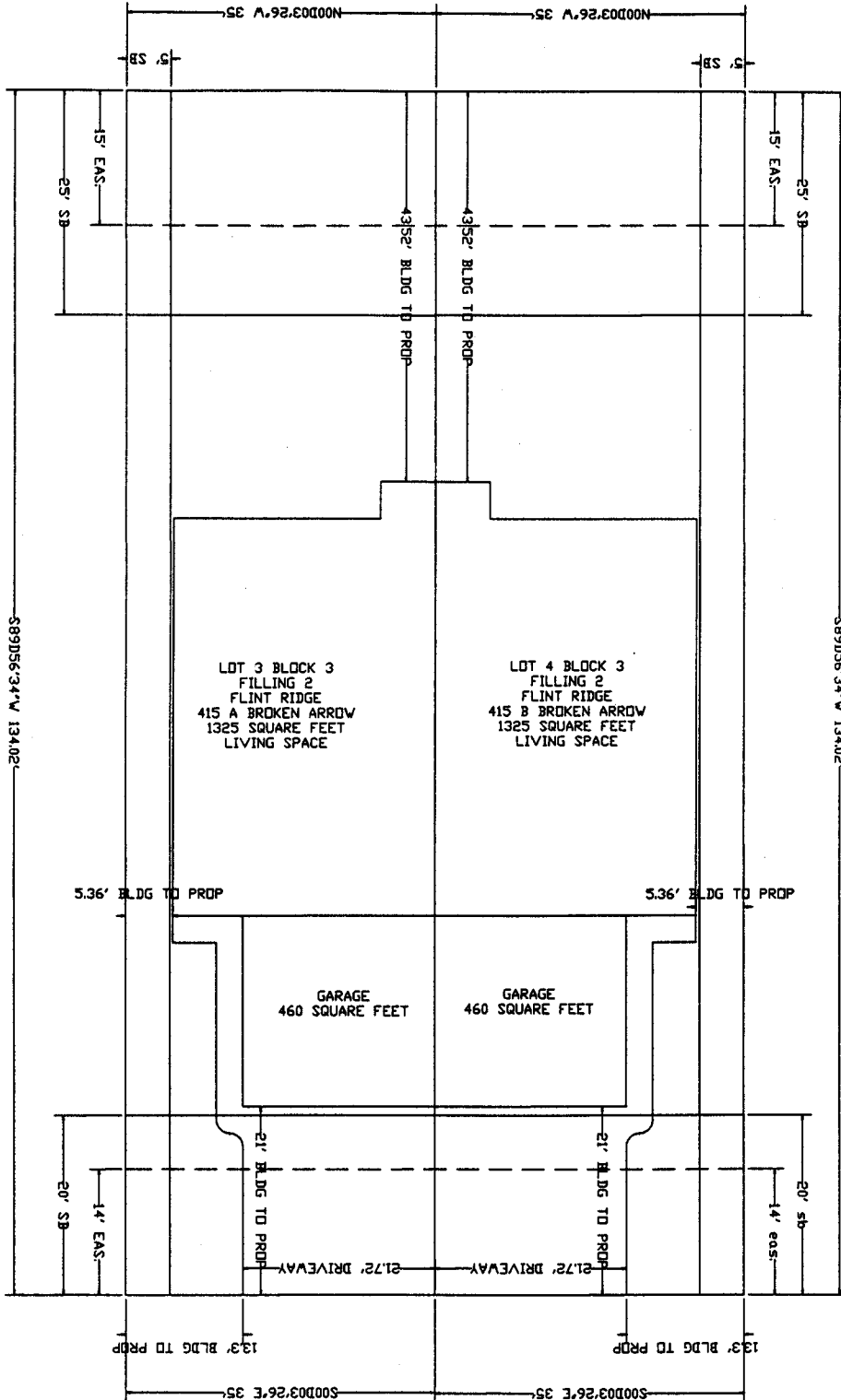
Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	W/O No. <u>15814</u>
Utility Accounting	Date _____		

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

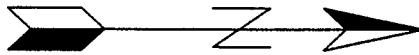
(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

3-10-03

Jayleen Anderson
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.



415B BROKEN ARROW DRIVE



OK
AK
3/5/03