

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

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

BLDG PERMIT NO. 88670



Your Bridge to a Better Community

BLDG ADDRESS 419B Broken Arrow SQ. FT. OF PROPOSED BLDGS/ADDITION 1325
 TAX SCHEDULE NO. 2943-174-20-041 SQ. FT. OF EXISTING BLDGS 0
 SUBDIVISION Flint Ridge TOTAL SQ. FT. OF EXISTING & PROPOSED 1325
 FILING 2 BLK 3 LOT 10 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction
 NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction
 (1) OWNER T.M.L. Enterprises Inc. USE OF EXISTING BUILDINGS N/A
 (1) ADDRESS P.O. Box 2569 G.J. Co. 81502 DESCRIPTION OF WORK & INTENDED USE Single Family
 (1) TELEPHONE (970) 245-9271 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 X 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).

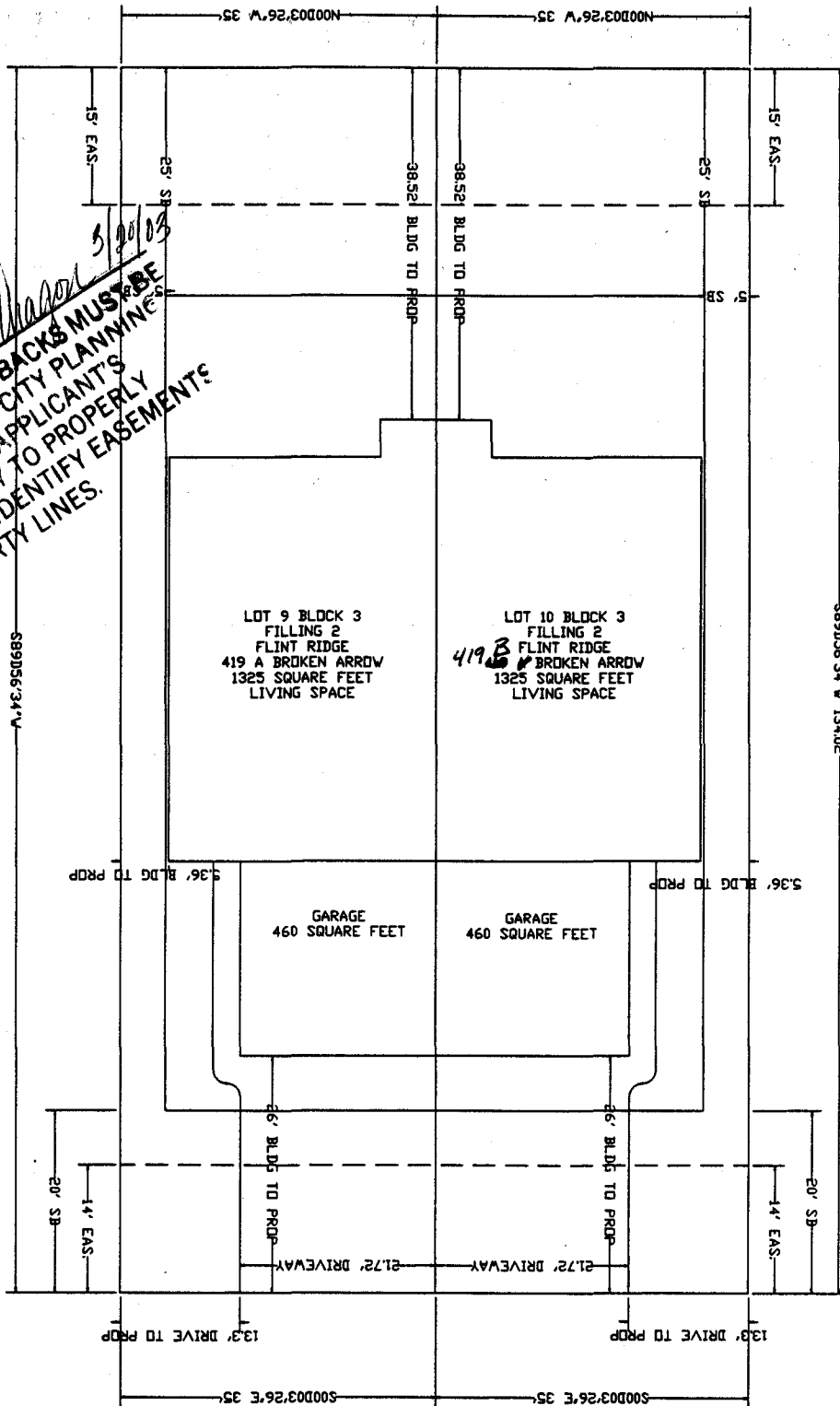
Applicant Signature [Signature] Date 3/20/03
 Department Approval [Signature] Date 3/20/03

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	W/O No. <u>15849</u>
Utility Accounting <u>[Signature]</u>	Date <u>3-20-03</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)

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.

3/6/03



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419 BROKEN ARROW DRIVE #B

