| FEE \$ /0.00 PLANNING C TCP \$ 500.00 (Single Family Residential at Community Develop) SIF \$ 292.00 Community Develop) | nd Accessory Structures) |
|---|--|
| BLDG ADDRESS 420 B BROKEN AFROW | SQ. FT. OF PROPOSED BLDGS/ADDITION 1325 |
| TAX SCHEDULE NO. 2943-174-20-011 | SQ. FT. OF EXISTING BLDGS |
| SUBDIVISION FLINT Ridge | TOTAL SQ. FT. OF EXISTING & PROPOSED 1325 |
| FILING <u>2</u> BLK <u>4</u> LOT <u>12</u> (1) OWNER <u>TML ENTERPRIŠES TNC</u> (1) ADDRESS <u>P.O. Box 2569</u> (1) TELEPHONE <u>(970) 245-9271</u> (2) APPLICANT <u>TML ENTERPRIŠES TNC</u> (2) ADDRESS <u>P.O. Box 2569</u> (2) TELEPHONE <u>(970) 245-9271</u> (2) TELEPHONE <u>(970) 245-9271</u> REQUIRED: One plot plan, on 8 ½" x 11" paper, showing a property lines, ingress/egress to the property, driveway low | 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 <u>New home Const</u> . TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify) all existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel. |
| | Maximum coverage of lot by structures 7000 Permanent Foundation Required: YES 1000 |

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).

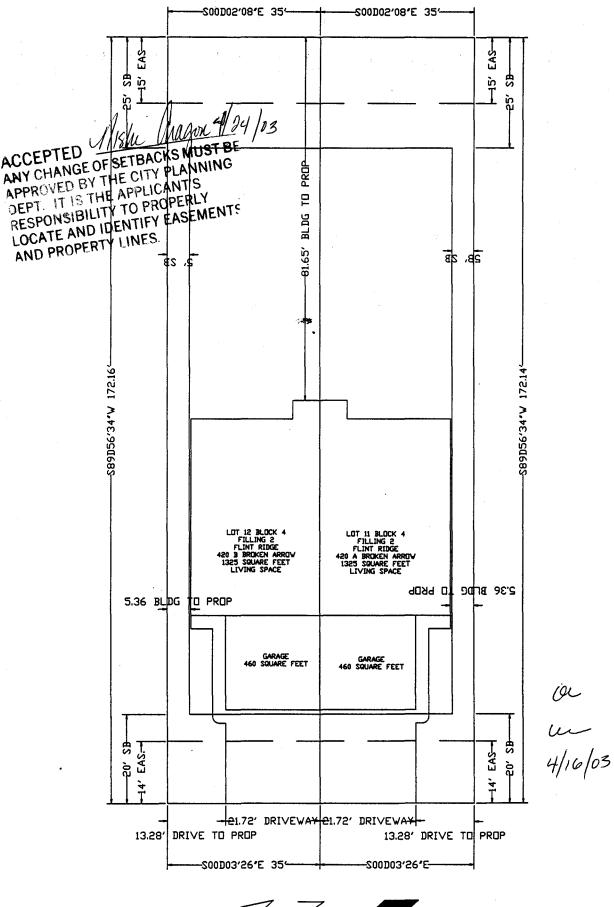
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

| Applicant Signature | · · · · · · · · · · · · · · · · · · · | Date | 4/15, | 103 | | |
|--|---------------------------------------|--|-------|---------|---------------------------------------|---|
| | agen | Date | 4/24 | 1/03 | | |
| | | · · | / | 1 " | 5952 | - |
| Additional water and/or sewer tap fee(s) are required: | YES | NO | W/C | No. 10- | 1365 | |
| Utility Accounting | l | Date 4 | 24 | 03 | · · · · · · · · · · · · · · · · · · · | |
| VALUE FOR OV MONTHE FROM DATE TO LOOUAN | | •••••••••••••••••••••••••••••••••••••• | | | | |

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) |
|-------------------|--------------------|-----------------------------|---------------------------------|
| | | | |





ANY CHANGE OF SETBACKS MUST BE ACCEPTED