

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

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG PERMIT NO. 88669



Your Bridge to a Better Community

BLDG ADDRESS 419 A 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 9 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.S. Co. 81502 USE OF EXISTING BUILDINGS n/a
(1) TELEPHONE (970) 245-9271 DESCRIPTION OF WORK & INTENDED USE Single Family
(2) APPLICANT T.M.L. Enterprises Inc. *Attached new const.*
(2) ADDRESS P.O. Box 2569 G.S. Co. 81502 TYPE OF HOME PROPOSED:
 Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
(2) TELEPHONE (970) 245-9271 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).

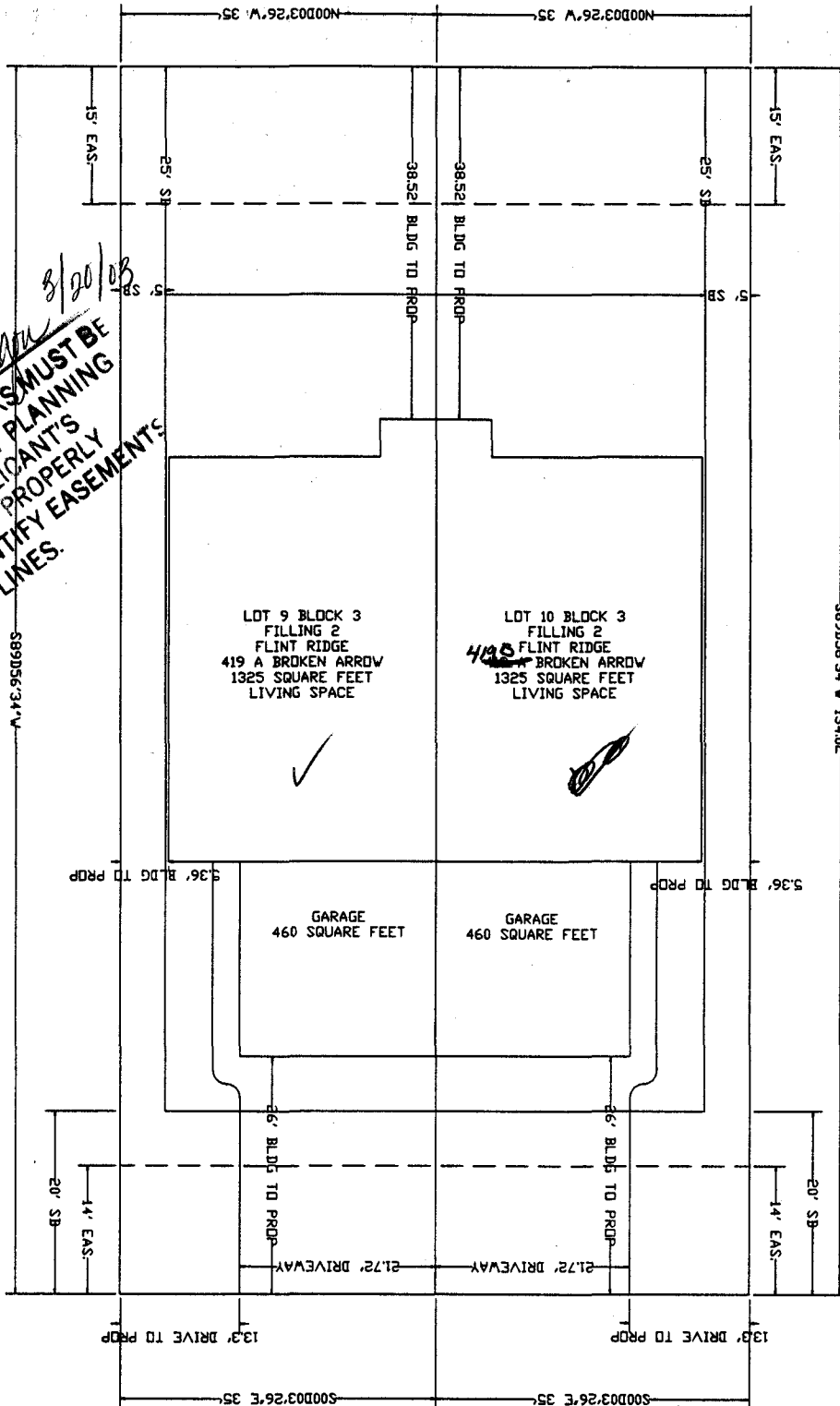
Applicant Signature [Signature] Date 3/20/03
Department Approval [Signature] Date 3/20/03

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	W/O No. <u>15850</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 *Nishu* 3/20/03
 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.



419 BROKEN ARROW DRIVE #A *ole car* 3/14/03

