

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

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

BLDG PERMIT NO. 89191



Your Bridge to a Better Community

BLDG ADDRESS 421 1/2 B Broken Arrow 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 2 BLK 3 LOT 14

NO. OF DWELLING UNITS;  
Before: 0 After: 1 this Construction

NO. OF BUILDINGS ON PARCEL  
Before: 0 After: 1 this Construction

(1) OWNER TML ENTERPRISES INC

(1) ADDRESS PO Box 2569

(1) TELEPHONE (970) 245-9271

(2) APPLICANT TML ENTERPRISES INC

(2) ADDRESS P.O. Box 2569

(2) TELEPHONE (970) 245-9271

USE OF EXISTING BUILDINGS —

DESCRIPTION OF WORK & INTENDED USE New Home Const.

TYPE OF HOME PROPOSED:  
 Site Built     Manufactured Home (UBC)  
 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 0/5' 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 4/23/02

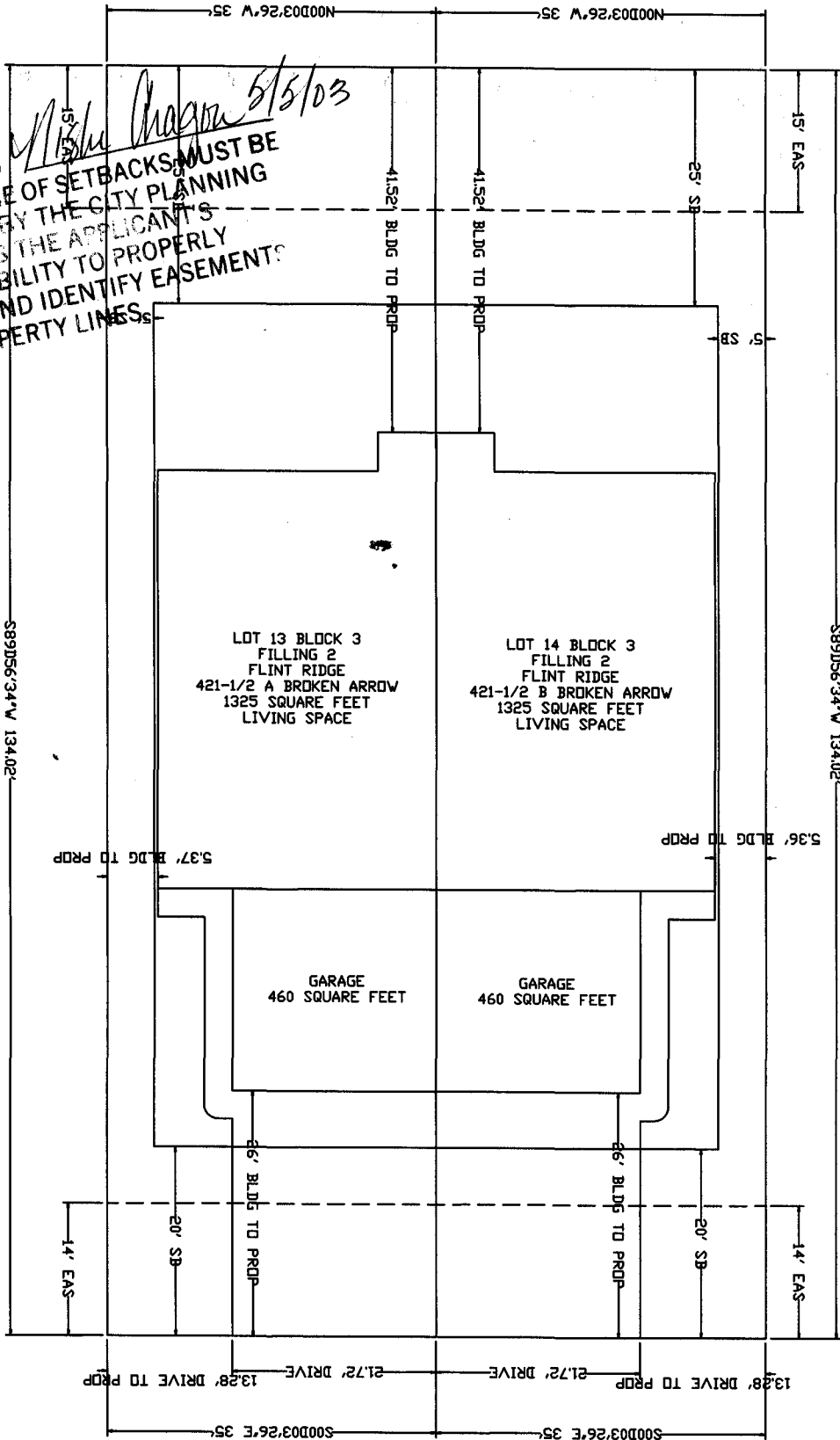
Department Approval [Signature] Date 5/8/03

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>107500</u>
Utility Accounting <u>[Signature]</u>	Date <u>5-5-03</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.



S89D56'34"W 134.02'

S89D56'34"W 134.02'

BROKEN ARROW DRIVE

OK  
 OK  
 4/25/03

