## TCP\$ 500,00 SIF\$292,00

(White: Planning)

(Yellow: Customer)

## **PLANNING CLEARANCE**

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG	PERMIT NO.	90948
		, , ,



Your Bridge to a Better Community

(Goldenrod: Utility Accounting)

BLDG ADDRESS 234 A CANASIACK CR SQ.	FT. OF PROPOSED BLDGS/ADDITION /JJJ
TAX SCHEDULE NO. 2701-334-36-030 SQ.	FT. OF EXISTING BLDGS
SUBDIVISION FUNTAN GROWS TOT	AL SQ. FT. OF EXISTING & PROPOSED 1353
Befo	OF DWELLING UNITS: re: After: this Construction
1655 WALNUT ST JUTE 300 Befo	OF BUILDINGS ON PARCEL re: this Construction
(1) ADDRESS <u>800208</u> CO 80302	OF EXISTING BUILDINGS
(2) APPLICANT SKOZIN CONTRUCTOR (AC.	CRIPTION OF WORK & INTENDED USE SINGLE FAMILY
(2) ADDRESS PO BOX 4247 GJ. TYP	E OF HOME PROPOSED:  Site Built Manufactured Home (UBC)  Manufactured Home (HUD)  Other (places specify)
REQUIRED: One plot plan, on 8 ½" x 11" paper, showing all exis	Other (please specify) sting & proposed structure location(s), parking, setbacks to all
property lines, ingress/egress to the property, driveway location	
** THIS SECTION TO BE COMPLETED BY COMMU	
ZONE PV	Maximum coverage of lot by structures <u>bldg enuel</u>
SETBACKS: Front from property line (PL) or from center of ROW, whichever is greater	Permanent Foundation Required: YES_X_ NO
Side From PL, Rear from PL	Parking Req'mt 2
Maximum Height	Special Conditions
Wide Amind Trought	CENSUS $\mathcal{L}$ TRAFFIO ANNX#
Modifications to this Planning Clearance must be approved, ir structure authorized by this application cannot be occupied un Occupancy has been issued, if applicable, by the Building Dep	til a final inspection has been completed and a Certificate of
I hereby acknowledge that I have read this application and the in ordinances, laws, regulations or restrictions which apply to the paction, which may include but not necessarily be limited to non	project. I understand that failure to comply shall result in legal
Applicant Signature	Date 8/14/07
Department Approval 16 Connie Chuach	Date 8/28/03
Additional water and/or sewer tap fee(s) are required: YES	NO WO NO/(2/(2/7)
Utility Accounting ( )	Date Date

(Pink: Building Department)

