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

## PLANNING CLEARANCE (9)

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG PERMIT NO. 90124



Your Bridge to a Better Community

BLDG ADDRESS 2850 Chamomile Dr	SQ. FT. OF PROPOSED BLDGS/ADDITION 2472		
TAX SCHEDULE NO. 294319123002	SQ. FT. OF EXISTING BLDGS		
SUBDIVISION White Willow	TOTAL SQ. FT.	OF EXISTING & F	PROPOSED 2442
FILING BLK 3 LOT 2  (1) OWNER Doug Peden  (1) ADDRESS 3805 Appleward St.  (1) TELEPHONE 257-9257  (2) APPLICANT TIM KEY  (2) ADDRESS 304 MAYKU WAY  (2) TELEPHONE 970-640-1542	NO. OF BUILDI Before: USE OF EXIST  DESCRIPTION OF TYPE OF HOM Site Building	After:	this Construction  N/A  DED USE New Residence  actured Home (UBC)
REQUIRED: One plot plan, on 8 ½" 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   Maximum coverage of lot by structures 50%			
SETBACKS: Front 20' from property line (PL) or from center of ROW, whichever is greater  Side 7' from PL, Rear 25' from P  Maximum Height 35'	Perman Parking L Special	ent Foundation Re Req'mt	equired: YES $\underline{\chi}$ NO $\underline{}$
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  Date			
Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No.
Utility Accounting		Date	

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)

