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

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG PERMIT NO. 88003



Your Bridge to a Better Community

BLDG ADDRESS 2509 FALLS VIEW CINCLESQ. FT. OF PROPOSED BLDGS/ADDITION 3209	
TAX SCHEDULE NO 2945-032-56-014 SQ. FT. OF EXISTING BLDGS	
SUBDIVISION MOONRIDGE	TOTAL SQ. FT. OF EXISTING & PROPOSED 309
FILING 5 BLK 2 LOT 7 (1) OWNER Erwie & Shirley Helmedoch (1) ADDRESS 670 Crossing ST. (1) TELEPHONE 970-245-4385 (2) APPLICANT DAVIS Builders (2) ADDRESS 631/2 Ox Bow Rd. (2) TELEPHONE 970-245-3124 REQUIRED: One plot plan. on 8 1/2" x 11" paper, showing a	NO. OF DWELLING UNITS: Before:Ø After: _/ this Construction NO. OF BUILDINGS ON PARCEL Before:Ø After: _/ this Construction USE OF EXISTING BUILDINGS DESCRIPTION OF WORK & INTENDED USE Single Family force TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify)
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 Amazimum coverage of lot by structures	
SETBACKS: Front from property line (PL) or from center of ROW, whichever is greater Side from PL, Rear from P Maximum Height	Special Conditions
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. 15627 Date 1 2 3
Utility Accounting (Maskel)	Date //3/03

