## 10.00 FEE\$ TCP\$ SIF\$

## **PLANNING CLEARANCE**

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

88619 **BLDG PERMIT NO.** 



Your Bridge to a Better Community

BLDG ADDRESS 642 Pineneedle Ct	SQ. FT. OF PROPOSED BLDGS/ADDITION
TAX SCHEDULE NO. 2945-023-25-003	LSQ. FT. OF EXISTING BLDGS NO SF CHANGE
SUBDIVISION FOUR PINES	TOTAL SQ. FT. OF EXISTING & PROPOSED
1) OWNER Michael Tracy (1) ADDRESS 730 29th St	NO. OF DWELLING UNITS:  Before: After: this Construction  NO. OF BUILDINGS ON PARCEL  Before: After: this Construction
(1) TELEPHONE	USE OF EXISTING BUILDINGS 12651dential
(2) APPLICANT RUCKMAN INC. (2) ADDRESS 566 2242 Road (2) TELEPHONE 241-9196	TYPE OF HOME PROPOSED:  Site Built Manufactured Home (UBC)  Manufactured Home (HUD)  Other (please specify)
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	
ZONE RSF 2	Maximum coverage of lot by structures <u>30つ</u>
SETBACKS: Front from property line (PL) or from center of ROW, whichever is greater  Side from PL, Rear from P  Maximum Height 35'	Parking Reg'mt
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 Molarul Dock Date 3-15-03  Department Approval Date 3-17/13  Additional water and/or sewer tap fee(s) are required: YES NO W/O No.————————————————————————————————————	
Utility Accounting	Date 3 /23 /4-3
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE	(Section 2.2 C.1 o(1) Grand Junction Zaning & Dovelanment Code)

(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)

