FEE \$ /0.00 PLANNING CI   TCP \$ 500.00 Single Family Residential and Community Develop   SIF \$ 393.00 Community Develop	nd Accessory Structures)
BLDG ADDRESS <u>648 Pineneedle Court</u> TAX SCHEDULE NO. <u>2945-023-25-001</u> SUBDIVISION Four Pines	SQ. FT. OF PROPOSED BLDGS/ADDITION <u>2851sf.</u> SQ. FT. OF EXISTING BLDGS <u>n/a</u> TOTAL SQ. FT. OF EXISTING & PROPOSED <u>2851sf.</u>
FILING BLK LOT (1) OWNER <u>Trinuty Revelopment</u> (1) ADDRESS <u>336 K 34 Pd, 65 81505</u> (1) TELEPHONE <u>970-263-7421 / 255-9488</u> (2) APPLICANT <u>Suson Powell</u> (2) ADDRESS <u>2336 K 34 Pd, 65 81505</u>	NO. OF DWELLING UNITS: Before: After: this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction USE OF EXISTING BUILDINGS <u>Residence</u> DESCRIPTION OF WORK & INTENDED USE <u>New Home Construction</u> TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD)
	Other (please specify) Ill existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel.
SETBACKS: Front $20^{\circ}$ from property line (PL) orfrom center of ROW, whichever is greater Side _/_5^{\circ}from PL, Rear30^{\circ}from Pl Maximum Height35^{\circ}_	Permanent Foundation Required: YES $X$ NO Parking Req'mt _ 2

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 American Hould Department Approval Bayleen Henderson			Date	Date 1/13/03	
			Date 1-22-03		
Additional water and/or sev	wer tap fee(s) are required:	YES	NO	W/O No. 5249	
Utility Accounting		<u>L</u> l	Date	23/03	
VALID FOR SIX MONTHS	FROM DATE OF ISSUANC	E (Section 9-3-	2C Grand Junctio	on Zoning & Development Cod	e)

(White: Planning)	(Yellow: Customer)	(Pink: Building Department)	(Goldenrod: Utility Accounting)

