FEE \$ 10.00 PLANNING CL TCP \$ Ø SIF \$ Ø	d Accessory Structures)		
	SQ. FT. OF PROPOSED BLDGS/ADDITION		
TAX SCHEDULE NO. 2945-134-02014	SQ. FT. OF EXISTING BLDGS 825 sq ft.		
SUBDIVISION East Main St add	TOTAL SQ. FT. OF EXISTING & PROPOSED 951 saft		
	NO. OF DWELLING UNITS:		
"OWNER <u>PINER</u> ANDROSA	Before: After: this Construction NO. OF BUILDINGS ON PARCEL Before:/ After: this Construction		
(1) ADDRESS 1932 ROOD AVE.	USE OF EXISTING BUILDINGS Aingle de il. home		
(1) TELEPHONE 243-5422	USE OF EXISTING BUILDINGS <u>Single family home</u> DESCRIPTION OF WORK & INTENDED USE <u>addition to house</u>		
	DESCRIPTION OF WORK & INTENDED USE _ Caratton to Mouse		
	TYPE OF HOME PROPOSED: Site Builty Manufactured Home (UBC) Manufactured Home (HUD)		
⁽²⁾ TELEPHONE	Other (please specify)		
property lines, ingress/egress to the property, driveway loca	l existing & proposed structure location(s), parking, setbacks to all ation & width & all gasements & rights-of-way which abut the parcel.		
a C	MMUNITY DEVELOPMENT DEPARTMENT STAFF 🍽		
ZONE <u>KM18</u>	Maximum coverage of lot by structures		
SETBACKS: Front from property line (PL) or from center of ROW, whichever is greater	Permanent Foundation Required: YES X NO		
Side <u>5</u> from PL, Rear <u>10</u> from PL	Parking Req'mt		
26'	Special Conditions		
Maximum Height35'	CENSUS TRAFFIC ANNX#		
Madifications to this Dianning Classones must be approved			

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 Acuse Arice Department Approval Bayleen Itunderson	ant Signature facily field		Date <u>5-19-03</u> Date <u>5-19-03</u>		
Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No.		
Utility Accounting CBS walked		Date 5/19	(03		
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE	E (Section 9-3-2C	Grand Junction Z	oning & Development Code)		

Grand Junction GIS Zoning Map

