FEE\$ 10,00 PLANNING CI	
TCP \$ 0 (Single Family Residential ar	
SIF \$ 292.00 Community Develop	ment Department
	Your Bridge to a Better Community
BLDG ADDRESS 657 Aprimpsonk	SQ. FT. OF PROPOSED BLDGS/ADDITION 1/5/ gamage 389
TAX SCHEDULE NO. 2943-05175-004	SQ. FT. OF EXISTING BLDGS
SUBDIVISION BACK Side	TOTAL SQ. FT. OF EXISTING & PROPOSED
FILING 3 BLK 5 LOT	NO. OF DWELLING UNITS:
"OWNER_Darter, dac	Before: After: this Construction NO. OF BUILDINGS ON PARCEL
(1) ADDRESS 786 blog Ct	Before: After: this Construction
(1) TELEPHONE 523-5555	USE OF EXISTING BUILDINGS
(2) APPLICANT CHARCE HOMES	DESCRIPTION OF WORK & INTENDED USE New Mond
12) ADDRESS 786 Malburgt	TYPE OF HOME PROPOSED:
⁽²⁾ TELEPHONE 523-5555	Manufactured Home (HUD) Other (please specify)
REQUIRED: One plot plan, on 8 ½" x 11" paper, showing a	all existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel.
I THIS SECTION TO BE COMPLETED BY CO	OMMUNITY DEVELOPMENT DEPARTMENT STAFF 🕫
ZONE PD	Maximum coverage of lot by structures 35%
SETBACKS: Front from property line (PL) or from center of ROW, whichever is greater	Permanent Foundation Required: YES NO
	Parking Req'mt
Side $0^{1}/5$ from PL, Rear 20^{1} from Pl	Special Conditions May red engrid foundation
Maximum Height	CENSUS TRAFFIC ANNX#

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	icant Signature Monica Quita		Date	Date 1/22/23		
Department Approval		Henderson	Date	2-5-03	- <u></u>	
Additional water and/o	or sewer tap fee(s) are requ	ired: YES	NO	W/O No.	15204	
Utility Accounting	Mark	l.	Date	2/5/03		
VALID FOR SIX MON	THS FROM DATE OF ISS	JANCE (Section 9-3-2	2C Grand Junc	tion Zoning & Deve	lopment Code)	
(White: Planning)	(Yellow: Customer)	(Pink: Building D	epartment)	(Goldenrod: U	tility Accounting)	

