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FEE\$ 10.00 PLANNING CLE	ARANCE BLDG PERMIT NO.	
TCP \$ (Single Family Residential and	•	
SIF \$ // O Community Developm		
SIF\$ 16952-108 Building Address 840261/2 Parcel No. 2701-2004-00-013	No. of Existing Bldgs No. Proposed Sq. Ft. of Existing Bldgs Sq. Ft. Proposed	
Subdivision	Sq. Ft. of Lot / Parcel	
Filing Block Lot OWNER INFORMATION:	Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) 5 0 0 Height of Proposed Structure 3 / '	
Name Tom Tommer	DESCRIPTION OF WORK & INTENDED USE:	
Address 840 261/2 R2	New Single Family Home (*check type below) Interior Remodel Addition \checkmark Other (please specify): $B_{\alpha,r,b}$	
City/State/Zip Grand Franction 10 3506		
APPLICANT INFORMATION:	YPE OF HOME PROPOSED:	
Name horis Brammer	Site Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify): B crh	
Address 1310 Monnest CT		
City/State/Zip Frm. Ta 10 81521	NOTES:	
Telephone		
REQUIRED: One plot plan, on 8 1/2" 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 COM	MUNITY DEVELOPMENT DEPARTMENT STAFF	
ZONE RMF-5	Maximum coverage of lot by structures	
SETBACKS: Front 25' from property line (PL)	Permanent Foundation Required: YES NO X	
Side <u>3</u> from PL Rear <u>5</u> from PL	Parking Requirement	
Maximum Height of Structure(s) <u>35'</u>	Special Conditions	
Driveway Voting District Location Approval (Engineer's Initial	s)	
	d, in writing, by the Community Development Department. The until a final inspection has been completed and a Certificate of 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 12-21-04	
Department Approval 4/15/2 11000	Date2/2//04	
Additional water and/or sewer tap fee(s) are required: YES	NOV W/O NO. Bala Mul	
Utility Accounting Dan Con QUEL	Date 2202020	
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Secti (White: Planning) (Yellow: Customer) (Pink: B	ion 2.2.C.1 Grand Junction Zoning & Development Code) (Goldenrod: Utility Accounting)	

