Planning \$ 2.00	Drainage \$		BLDG PERMIT NO.
TCP \$	School Impact \$		FILE #
1088-1097	(multifamily and non-res Grand Junction Com		l change of use) ent Department
	15 Arrowest CT	TAX SCHEDULE	NO. 2701-314-01-005
	and the second		MARKET VALUE OF STRUCTURE \$ (12, 340)
ILING BL	< LOT		MODELING COST \$ 20,000
WNER FRANK	Wilkinson	NO. OF DWELL CONSTRUCT	ING UNITS: BEFORE AFTER
ADDRESS 715 Annowest		USE OF ALL EX	ISTING BLDGS <u>BFFFLE</u>
TELEPHONE		DESCRIPTION	OF WORK & INTENDED USE:
PPLICANT	O Construction	OFFIC	LE Remodel
ADDRESS 20	Box 1925		
	50-9614		
		•	
	are outlined in the SSID (Sub	BY COMMUNITY DEVELOPMEN	• •
ONE <u>J-2</u> ARKING REQUIREMENT ANDSCAPING/SCREENIN	THIS SECTION TO BE COMPLETED	BY COMMUNITY DEVELOPMEN SPECIAL CONE CENSUS TRAC	DITIONS: <u>Merior Remodelin</u> "
ONE	THIS SECTION TO BE COMPLETED 	BY COMMUNITY DEVELOPMEN SPECIAL CONE CENSUS TRAC CENSUS TRAC in writing, by the Communi- nal inspection has been co Building Code). Required other required site improv required by this permit sit die or are in an unhealthy he information is correct; 1 a understand that failure to co	T DEPARTMENT STAFF ** DITIONS:
ONE	THIS SECTION TO BE COMPLETED 	BY COMMUNITY DEVELOPMEN SPECIAL CONE CENSUS TRAC CENSUS TRAC in writing, by the Communi- nal inspection has been co Building Code). Required other required site improv required by this permit sit die or are in an unhealthy he information is correct; 1 a understand that failure to co	T DEPARTMENT STAFF ** DITIONS:
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DNEARKING REQUIREMENT ARKING REQUIREMENT ANDSCAPING/SCREENIN odifications to this Plannir uthorized by this applicati sued by the Building Dep Jaranteed prior to issuand suance of a Certificate of ondition. The replacemen ad Development Code. hereby acknowledge that I ws, regulations, or restrict ut not necessarily be limit pplicant's Signature epartment Approval	THIS SECTION TO BE COMPLETED 	BY COMMUNITY DEVELOPMEN SPECIAL CONE CENSUS TRAC in writing, by the Communi- al inspection has been co other required site improv- other required site improv- prequired by this permit sit die or are in an unhealthy he information is correct; 1 a understand that failure to co	T DEPARTMENT STAFF ■ DITIONS: