FEE \$ 10.00 PLANNING CL	EARANCE BLDG PERMIT NO.
TCP \$ (Single Family Residential an SIF \$ Community Develop	
	Your Bridge to a Better Community
BLDG ADDRESS 299 S, MOJ JTAIL VIEW	SQ. FT. OF PROPOSED BLDGS/ADDITION
TAX SCHEDULE NO. 2945-251-01-004	SQ. FT. OF EXISTING BLDGS 3345 SF
SUBDIVISION	TOTAL SQ. FT. OF EXISTING & PROPOSED 3785 SF
FILING BLK LOT	NO. OF DWELLING UNITS: Before: After: this Construction NO. OF BUILDINGS ON PARCEL
(1) ADDRESS 299 5. MODINTAL VIEW (1) TELEPHONE 241-4903	Before: After:Z this Construction USE OF EXISTING BUILDINGS
(2) APPLICANT MOR STORAGE CHAD	DESCRIPTION OF WORK & INTENDED USE 20x 22 SHOP
⁽²⁾ ADDRESS 3010 I70 B, wood ⁽²⁾ TELEPHONE 254-0460	TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD)
REQUIRED: One plot plan, on 8 ½" x 11" paper, showing a	Other (please specify)
ZONE <u>FMF-8</u>	MAXIMUM COVERAGE OF NOT BE STAFF AND MAXIMUM COVERAGE OF NOT BY STRUCTURES 70 70
SETBACKS: Front $\frac{\partial \ell}{\partial r}$ from property line (PL) or from center of ROW, whichever is greater Side \int from PL, Rear $\ell \ell'$ from PL	Permanent Foundation Required: YES $\frac{1}{2}$ NO $\underline{\times}$ Parking Req'mt $\underline{}$

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).

Special Conditions

CENSUS _____ TRAFFIC _____ ANNX#_

Side

Maximum Height _

36

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 1/14/@4			
Department Approval		Date _//.	14/04		
		. /	- di		
Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. OD US No.		
Utility Accounting) (ole	Date 4	04		
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE	(Section 9-3-2C	Grand Junction 2	oning & Development Code)		

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

