FEE.\$ /0.00 TCP \$ /500.00 (Single Family Residential and According)	
SIF \$ 292.00	•
Building Address <u>2174</u> PEREGRINE ^C Parcel No. <u>2947-202-00-038</u> (parent)	Tr No. of Existing Bldgs No. Proposed
Parcel No. 2947-202-00-038 (parcel)	Sq. Ft. of Existing Bldgs Sq. Ft. Proposed
Subdivision PEREGRINE ESTATES	Sq. Ft. of Lot / Parcel
Filing Block Lot	Sq. Ft. Coverage of Lot by Structures & Impervious Surface Total Existing & Proposed)
	leight of Proposed Structure 28'
	DESCRIPTION OF WORK & INTENDED USE:
Address <u>33/0 C KD</u>	Interior Remodel Addition
City/State/Zip PALISADE, CO 8/526	Other (please specify):
APPLICANT INFORMATION:	TYPE OF HOME PROPOSED:
Name <u>SAME</u>	Manufactured Home (HUD)
Address	Other (please specify):
	NOTES:
Telephone <u>434-1862</u>	
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 COMMUNITY DEVELOPMENT DEPARTMENT STAFF	
ZONE_RSF-2I	Maximum coverage of lot by structures 3000
SETBACKS: Front_20' from property line (PL)	Permanent Foundation Required: YESNO
Side 15' from PL Rear 30' from PL F	Parking Requirement 2
Maximum Height of Structure(s) 35'	Special Conditions
Voting District Location Approval	~
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 for necessarily be limited to non-use of the building(s).	
Applicant Signature	Date
Department Approval II Bayleen Henderson	Date <u>11.30-05</u>
Additional water and/or sewer tap fee(s) are required: YES	0 NO W/O No. /8/23

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning & Development Code)(White: Planning)(Yellow: Customer)(Pink: Building Department)(Goldenrod: Utility Accounting)

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Utility Accounting

11-30-05

Date

