FEE \$	5.00
TCP \$	

PLANNING CLEARANCE

BLDG PERMIT	NO.	

(Single Family Residential and Accessory Structures)

Community Development Department

SIF \$	······································
	No. of Existing Bldgs No. Proposed
Parcel No. 2945-14/-08-004	Sq. Ft. of Existing Bldgs 800 Sq. Ft. Proposed 0
Subdivision	Sq. Ft. of Lot / Parcel
Filing Block Lot	Sq. Ft. Coverage of Lot by Structures & Impervious Surface
OWNER INFORMATION:	(Total Existing & Proposed) Height of Proposed Structure
Name M.M PROPERTIES	DESCRIPTION OF WORK & INTENDED USE:
Address P.O. Bex	New Single Family Home (*check type below) Interior Remodel Other (please specify): REBUILD FLAT ROOF TO I
City/State/Zip GKAND 3CT CO 81502	Other (please specify): KEBUICI) TUST KOOF TO II.
APPLICANT INFORMATION:	*TYPE OF HOME PROPOSED:
Name 1089 Arecsour	Site Built Manufactured Home (UBC) Manufactured Home (HUD)
Address 2697 Howen thee co	Other (please specify):
City / State / Zip Gram Jar Co 8150-	NOTES:
Telephone (970) 986 - 1313	
REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all ex	xisting & proposed structure location(s), parking, setbacks to all
	n & width & all easements & rights-of-way which abut the parcel. MUNITY DEVELOPMENT DEPARTMENT STAFF
ZONE RMF-24	MUNITY DEVELOPMENT DEPARTMENT STAFF Maximum coverage of lot by structures
SETBACKS: Front from property line (PL)	Permanent Foundation Required: YESNO
Side from PL Rear from PL	Parking Requirement
Maximum Height of Structure(s)	Special Conditions My roof being
Voting District Driveway Location Approval(Engineer's Initials)	worked on
	in writing, by the Community Development Department. The intil a final inspection has been completed and a Certificate of epartment (Section 305, Uniform Building Code).
	information is correct; I agree to comply with any and all codes, project. I understand that failure to comply shall result in legal in-use of the building(s).
Applicant Signature	Date 6/28/06
Department Approval ///s/w ///////////////////////////////	Date
Additional water and/or sewer tap fee(s) are required: YES	S NO W/O No.
Utility Accounting \\ \Beasley	Date 6/25/06
VALID FOR SIV MONTHS FROM DATE OF ISSHANCE ASS	otion 2.2.C.1 Crand Junction Zoning & Dovolonment Code)

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