FEE\$ 10.00	PLANNING CLEAF	BANCE	BLDG PERMIT NO.
TCP \$ Ø (Sing	le Family Residential and Acco	-	
SIF\$ Ø	Community Development	Department	
Building Address 2613	PARTRIDUS CT	No. of Existing Bldgs _	No. Proposed
Parcel No. 2701 - 352 - 61 - 007		Sq. Ft. of Existing Bldg	gs <u>4300</u> Sq. Ft. Proposed
Subdivision PARTRIDGE FARMS		Sq. Ft. of Lot / Parcel	
Filing Block Lot		Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed)	
OWNER INFORMATION:		Height of Proposed Structure	
Name DANIEL BISHOP		DESCRIPTION OF WORK & INTENDED USE:	
Address 2613 PARTRIPGE CT		New Single Family Home (*check type below) Interior Remodel Other (please specify):	
City / State / Zip	JCT., CO DISOL		
APPLICANT INFORMATION:			
Name DANIEL BISHOP,		Site Built Manufactured Home (UBC) Manufactured Home (HUD)	
Address 2613 PART	RIDGEG	Other (please spe	· · · · · · · · · · · · · · · · · · ·
City / State / Zip	CO \$1506	NOTES: <u>ろりょろ</u>	SO GARAGE (FREE STANDING)
Telephone 970.21	16.4622	ATTACHER	BO GARAGE (FARE STANDING) By BREEZEWAY ONLY
			icture location(s), parking, setbacks to all nts & rights-of-way which abut the parcel.
	BE COMPLETED BY COMMU		
ZONE_PD		Maximum coverage	of lot by structures
SETBACKS: Front 60' from property line (PL)		Permanent Foundati	ion Required: YESNO
Side 25' from PL R	251	Parking Requiremen	
Maximum Height of Structure(s)		Special Conditions	
	veway cation Approval (Engineer's Initials)		
	cation cannot be occupied unt	til a final inspection h	nmunity Development Department. The nas been completed and a Certificate of 5, Uniform Building Code).
I hereby acknowledge that I have	read this application and the in estrictions which apply to the p	formation is correct; roject. I understand	I agree to comply with any and all codes, that failure to comply shall result in legal

з **к**

detion, which may morade dathet hereeded any be inniced to neh dee of the banding(o).				
Applicant Signature	Date 9-21-2006			
Department Approval Baylen Henderson	Date 9-21-06			
Additional water and/or sewer tap ee(s) are required: YES	W/O No			
Utility Accounting	Date 9 2106			
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C. (White: Planning) (Yellow: Customer) (Pink: Building De	÷ , , ,			



