FEE \$ 10.00 PLANNING CLE	ARANCE BLDG PERMIT NO.
TCP \$ 539 00 (Single Family Residential and A	Accessory Structures)
SIF \$ 4/40.00 Community Developm	
account # 2011. 61340 42799.	
Building Address <u>B66 Summer Bencl Ct</u>	No. of Existing Bldgs No. Proposed
Parcel No. 2701-261-45-009	Sq. Ft. of Existing Bldgs Sq. Ft. Proposed Z500 4
Subdivision <u>Summer</u> Hill	Sq. Ft. of Lot / Parcel 6 479 #
Filing <u>5</u> Block <u>7</u> Lot <u>9</u>	Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed)3000
OWNER INFORMATION:	Height of Proposed Structure S'
Name <u>LGD</u> Construction truc	DESCRIPTION OF WORK & INTENDED USE:
Address PO Box 1925	New Single Family Home (*check type below)
City/State/Zip <u>C.J. Lo 81502</u>	Other (please specify): Town Home
APPLICANT INFORMATION:	*TYPE OF HOME PROPOSED:
Name SAME	Site Built Manufactured Home (UBC)
	Manufactured Home (HUD) Other (please specify):
Address	
City / State / Zip	NOTES:
Telephone 243-6471-250-9614	
	existing & proposed structure location(s), parking, setbacks to all for a width & all easements & rights-of-way which abut the parcel.
THIS SECTION TO BE COMPLETED BY COM	MUNITY DEVELOPMENT DEPARTMENT STAFF
ZONEΩ	Maximum coverage of lot by structures
SETBACKS: Front	Permanent Foundation Required: YES_XNO
Side 7' from PL Rear 15' from PL	Parking Requirement
Maximum Height of Structure(s) 321	Special Conditions <u>See Alfached</u>
	Comments
Voting District Location Approval KAD	
Modifications to this Planning Clearance must be approved	, in writing, by the Community Development Department. The
Structure authorized by this application cannot be occupied Occupancy has been issued, if applicable, by the Building D	until a final inspection has been completed and a Certificate of epartment (Section 305, Uniform Building Code).
	e information is correct; I agree to comply with any and all codes, e project. I understand that failure to comply shall result in legal
ordinances, laws, regulations or restrictions which apply to th action, which may include but not necessarily be limited to ne	on-use of the puilding(s).
Applicant Signature	Date 3-6-06
Department Approval NA. Kathy Kida	B Date 327 104
Additional water and/or sewer tap fee(s) are required: YE	N/

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)

