	BLDG PERMIT NO.
TCP \$ 1539 CC (Single Family Residential and A	
SIF \$ 4/LCC.CC Community Developme	nt Department
·····	
Building Address 2981 Wichita ct	No. of Existing Bldgs
Parcel No. <u>2943 - 294 - 28 - 66 2</u>	Sq. Ft. of Existing Bldgs Sq. Ft. Proposed 2111, 44
Subdivision Chita Blenn	Sq. Ft. of Lot / Parcel563
Filing 1 Block 3 Lot 2	Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed)
OWNER INFORMATION:	Height of Proposed Structure
Name TNT West Confractors /	CESCRIPTION OF WORK & INTENDED USE:
	Other (please specify):
City / State / Zip <u>6, 5, 60, 81503</u>	
APPLICANT INFORMATION:	
Name Warren Taylor	X Site Built Manufactured Home (UBC) Manufactured Home (HUD)
Address SAME	Other (please specify):
City / State / Zip	NOTES:
Telephone 470 201 3373	
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 COM	MUNITY DEVELOPMENT DEPARTMENT STAFF
zone RSF-<1	Maximum coverage of lot by structures 50 90
SETBACKS: Front from property line (PL)	Permanent Foundation Required: YES χ NO
Sidefrom PL From PL	Parking Requirement
Maximum Height of Structure(s)	Special Conditions
Voting District <u>E</u> Driveway Location Approval (Engineer's Initials)	
	in writing, by the Community Development Department. The until a final inspection has been completed and a Certificate of epartment (Section 305, Uniform Building Code).
I hereby acknowledge that Nave 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 <u>5-31-06</u>
Department Approval NA	Date <u>C2 0 C</u>
Additional water and/or sewer tap fee(s) are required:	SX NO W/ONO. CMSD
Utility Accounting TBensle	\mathcal{Y} Date $O(1/0)$

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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)

