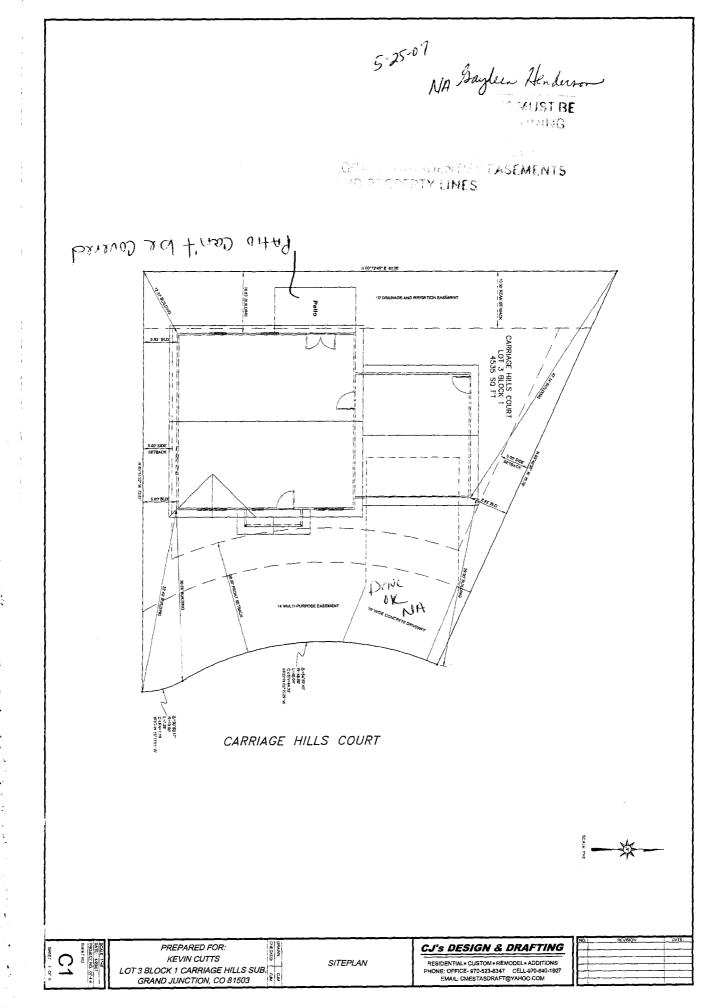
FEE \$ 10.00 PLANNING CLE	ARANCE BLDG PERMIT NO.						
TCP \$ 1589.00 (Single Family Residential and							
SIF \$ 440.00 Community Developm	nent Department						
Building Address 315 Carriage Hills Ct.	No. of Existing Bldgs No. Proposed						
Parcel No. Lot 3, BIK 1 Corrige Hills Sib	Sq. Ft. of Existing Bldgs Sq. Ft. Proposed						
Subdivision Carriage Hills Subdivision	Sq. Ft. of Lot / Parcel						
Filing Block Lot	Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed)						
OWNER INFORMATION:	(Total Existing & Proposed) Height of Proposed Structure						
Name Kein Cits	DESCRIPTION OF WORK & INTENDED USE:						
Address 6 Box 1787 427 Tejan Dr	New Single Family Home (*check type below)						
City/State/Zip Grand Jat 81902	Other (please specify):						
APPLICANT INFORMATION:	<u>TYPE OF HOME PROPOSED:</u>						
Name Keilh Cutts	Site Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify):						
Address 487 Tejan Da							
City/State/Zip Grand Jd Co 81503 NOTES:							
Telephone <u>770-734-9558</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.							
	MUNITY DEVELOPMENT DEPARTMENT STAFF						
ZONE <u>RIME-8</u>	Maximum coverage of lot by structures70 %						
SETBACKS: Front	Permanent Foundation Required: YES $X$ NO						
Sidefrom PL   Rear/// from PL	Parking Requirement						
Maximum Height of Structure(s)35 '	Special Conditions						
Voting District Driveway Location Approval	ls)						
	d, in writing, by the Community Development Department. The until a final inspection has been completed and a Certificate of Department (Section 305, Uniform Building Code).						
	ne information is correct; I agree to comply with any and all codes, he project. I understand that failure to comply shall result in legal non-use of the building(s).						
Applicant Signature	Date <u>5-24-7</u>						
Department Approval NH Bayleen Henderson	Date 5-25-07						

Department Approval _//	H Isaylen Hender	or-		ate <u>3-</u> 2	15-01	
Additional water and/or se	ewer tap fee(s) are required:	YES	NO	W/O No.	2030	1
Utility Accounting	Catedon	1 1	Date	5	12510	
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning & Development Code)						
(White: Planning)	(Yellow: Customer) (	Pink: <sup>!</sup> Building	g Departme	nt) (0	Goldenrod: Utility	Accounting)



. . .

!.

, , ,

3

, •

r, A. . . .

3

;

< í,

ž