FEE \$ 10.00 PLANNING CLE	ARANCE	BLDG PERMIT NO.
TCP\$ / (Single Family Residential and A	Accessory Structures))
SIF \$ Community Developm		
(5128 - 1346 C) Building Address 375/2 Hill View Dr.		s/ No. Proposed/
Parcel No. 2945 - 201 - 06 - 016	Sq. Ft. of Existing B	Sldgs 1604 Sq. Ft. Proposed 1694
Subdivision The Rides #4	Sq. Ft. of Lot / Parce	el
Filing Block 3 Lot _/6/4	Sq. Ft. Coverage of	Lot by Structures & Impervious Surface oposed)
OWNER INFORMATION:		Structure
Name Chris Tomlinson Address 375 /2 Hill View Dr.	New Single Far	F WORK & INTENDED USE: mily Home (*check type below)
City / State / Zip 6.5. 6 8 1503	Other (please sp	pecify): Kitchen Only.
APPLICANT INFORMATION:	*TYPE OF HOME	
Name Helber Contracting, Inc	Manufactured F	Manufactured Home (UBC) Home (HUD) pecify):
Address 7/0 Independent Ave.		
City / State / Zip 6. J. Co 8/505 N	NOTES:	
Telephone <u>970 - 5 23 - 693 S</u>		
REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all property lines, ingress/egress to the property, driveway location		
THIS SECTION TO BE COMPLETED BY COM	MUNITY DEVELOP	MENT DEPARTMENT STAFF
ZONE PD - TYPE A lot	Maximum coverag	ge of lot by structures fee plan
SETBACKS: Front 20 from property line (PL)	Permanent Found	lation Required: YES_XNO
Side 0-10' from PL Rear 10 from PL	Parking Requirem	nent
Maximum Height of Structure(s)25 '	Special Conditions	
Voting District Driveway Location Approval(Engineer's Initial		
Modifications to this Planning Clearance must be approved structure authorized by this application cannot be occupied Occupancy has been issued, if applicable, by the Building D	until a final inspection	n has been completed and a Certificate of
I hereby acknowledge that I have read this application and the ordinances, laws, regulations or restrictions which apply to the action, which may include but not necessarily be limited to restrictions.	ne project. I understar	nd that failure to comply shall result in legal
Applicant Signature An Au	Da	te <u>9-18-07</u>
Department Approval	Da	te 9/19/07
Additional water and/or sewer tap fee(s) are required:	ES NO	WONONOSWE INTEChen
Utility Accounting	Date	9/19/07/
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (S (White: Planning) (Yellow: Customer) (Pinl	ection 2.2.C.1 Grand k: Building Departmen	

