		BLDG PERMIT NO.			
TCP \$ (Single Family Residential and Ac	cessory Structures)			,	
SIF \$ Community Development	<u>nt Department</u>				
Building Address _ 2547 Brenna Wy	No. of Existing Bldgs _	1	No. Proposed	<i>ə</i>	
Parcel No. <u>2945-032406-002</u>	Sq. Ft. of Existing Bldg	gs <u>~1000ft</u> .	Sq. Ft. Proposed	6	
Subdivision Westwood Ranch	Sq. Ft. of Lot / Parcel	10,890 f	÷		
Filing Block Lot	Sq. Ft. Coverage of Lo	ot by Structures	& Impervious Surf	ace	
OWNER INFORMATION:	(Total Existing & Properties of Proposed Strength o	ructure)ft-12ft		
Name <u>AMY Rager</u>	DESCRIPTION OF				
AddressSAML	New Single Family Home (*check type below) Interior Remodel Addition Other (please specify): <u>deck X 2 (front back</u>)				
City / State / Zip (55 CO 81505	Other (please spe	cify): <u>dect</u>	< X2 (tron	tu back)	
APPLICANT INFORMATION:	*TYPE OF HOME P				
Name	Site Built Manufactured Ho	me (HUD)	Manufactured Ho		
Address	Other (please spe	city):			
City / State / Zip NC	OTES:			-	
Telephone 424-0263				_	
REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all ex					
property lines, ingress/egress to the property, driveway location THIS SECTION TO BE COMPLETED BY COMM			-	ne parcei.	
20	Maximum coverage				
SETBACKS: Front from property line (PL)	Permanent Foundat	ion Required:	YESNO		
Side from PL Rear from PL	Parking Requiremen	nt	DAID		
Maximum Height of Structure(s)35'	Special Conditions_			<u>9778</u>	
Driveway			MA LO.	ç 0 ¹	
Voting District Location Approval (Engineer's Initials)			Į Β		
Modifications to this Planning Clearance must be approved, structure authorized by this application cannot be occupied u Occupancy has been issued, if applicable, by the Building De	ntil a final inspection I	has been com	pleted and a Cer		
I hereby acknowledge that I have 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					
Department Approval Pat Dunks	Date	5/16/	108		
Additional water and/or sewer tap fee(s) are required: YES	s NO	I/O No.			
Utility Accounting	Date	51166	08		

VALID FOR SIX MONTHS	FROM DATE OF ISSUA	NCE Section 2.2.C.1 Grand Junction	Zoning & Development Code)
(White: Planning)	(Yellow: Customer)	(Pink: Building Department)	(Goldenrod: Utility Accounting)

