FEE \$       D       PLANNING CLEA         TCP \$       (Single Family Residential and A         SIF \$       Community Development	ccessory Structures)
Building Address <u>382 <sup>1</sup>/2</u> CLIFF RosA CT. Parcel No. 2945-201-05-016	No. of Existing Bldgs No. Proposed1 Sq. Ft. of Existing Bldgs _2493 Sq. Ft. Proposed _422
	Sq. Ft. of Lot / Parcel
Subdivision <u>RIDGES</u>	
Filing <u>4</u> Block <u>12</u> Lot <u>16C</u> OWNER INFORMATION:	Sq. Ft. Coverage of Lot by Structures & Impervious Surface         (Total Existing & Proposed)         Height of Proposed Structure
Name EUGENE & NORMA MATTESON Address <u>382<sup>1</sup>/2 CLIFF ROSA CT.</u> City/State/Zip <u>G.J., CO 81503</u>	DESCRIPTION OF WORK & INTENDED USE: New Single Family Home (*check type below) Interior Remodel Other (please specify):
APPLICANT INFORMATION: Name <u>Mor Storage Sales</u> Address <u>3010 I-70 B</u>	*TYPE OF HOME PROPOSED: Site Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify):
	OTES: <u>18 × 23 - 6 שודופא</u> 
THIS SECTION TO BE COMPLETED BY COM         ZONE       PD         SETBACKS: Front       D         from property line (PL)         Side       C         from PL       Rear         Maximum Height of Structure(s)       Driveway         Voting District       Driveway	MUNITY DEVELOPMENT DEPARTMENT STAFF Maximum coverage of lot by structures Permanent Foundation Required: YES NO Parking Requirement Special Conditions_ACCO_Approved
structure authorized by this application cannot be occupied Occupancy has been issued, if applicable, by the Building D I hereby acknowledge that I have read this application and the	, 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). 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

Applicant Signature	- Sang K Bleck	isa	Date	95-14-08
Department Approval	Paul Hotmleck		Date	5/15/08
Additional water and/or s	sewer tap fee(s) are required:	YES N	ογΩ	W/O No.
Utility Accounting	- CiBensle	V	Date	5/15708
VALID FOR SIX MONTH (White: Planning)	HS FROM DATE OF ISSUAN (Yellow: Customer)	E (Section 2.2.C) (Pink: Building D		lunction Zoning & Development Code) (Goldenrod: Utility Accounting)

