/
BLDG PERMIT NO.
ccessory Structures)
<u>nt Department</u>
No. of Existing Bldgs No. Proposed
Sq. Ft. of Existing Bldgs Sq. Ft. Proposed
Sq. Ft. of Lot / Parcel
Sq. Ft. Coverage of Lot by Structures & Impervious Surface
(Total Existing & Proposed) Height of Proposed Structure
DESCRIPTION OF WORK & INTENDED USE: New Single Family Home (*check type below) Interior Remodel Addition
Other (please specify):
*TYPE OF HOME PROPOSED:
Site Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify):
Other (please specify):
DTES: Demo
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DTES: <u>Demo</u> xisting & proposed structure location(s), parking, setbacks to all
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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)