FEE\$ 10.00	PLANNING CLEARANCE		BLDG PERMIT NO.					
TCP \$ Ø SIF \$ Ø	(Single Family Residential and Ac Community Developmen	•		59079-0				
Building Address 457 FEATHER CT		No. of Existing Bldgs _	/	No. Proposed/				
Parcel No. 294	Sq. Ft. of Existing Bldgs Sq. Ft. Proposed							
	Sq. Ft. of Lot / Parcel 49 SQFT							
Filing OWNER INFORMATI	Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) Height of Proposed Structure							
Name <u>Jack</u> Address <u>457</u> City / State / Zip <u>6</u>	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): 7 × 7 57*466 SHEP							
Name <u>JAcK</u>								
Address <u>457</u>								
City / State / Zip 🤄	27NO JUNCTION CO \$15-37NC	DTES:						
Telephone 92	0- 985-4743							
property lines, ingress	olan, on 8 1/2" x 11" paper, showing all ex legress to the property, driveway location	n & width & all easeme	nts & rights-o	f-way which abut the parcel.				
THIS SEC	TION TO BE COMPLETED BY COM		INT DEPAR					
ZONE R-2		Maximum coverage of lot by structures $30\%$						
SETBACKS: Front	Permanent Foundation Required: YESNO							
Side 15 / 3' from	$\frac{o'/25'}{100}$ from property line (PL) PL Rear $\frac{30'/5'}{100}$ from PL	Parking Requiremer	et					
Maximum Height of St	tructure(s) <u>3</u> S	Special Conditions_	. <u>.</u>					
Voting District	(Engineer's Initials)							
structure authorized b	Planning Clearance must be approved, y this application cannot be occupied u issued, if applicable, by the Building De	ntil a final inspection I	nas been cor	npleted and a Certificate of				
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 port not necessarily be limited to non-use of the building(s).								

Applicant Signature			Date <u>SEPT 21 2010</u>							
Department Approval _	Bayleen Henders	Date 9/21/10								
Additional water and/or	sewer tap fee(s) are required:	YES	NO	X	w/of	VO. N	N Seve	1 he	Ac	
Utility Accounting	202	Q		Date	9	12				
		<u> </u>		~			· • • •			

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)

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