APPLICATION FOR THE PLANNING CLEARANCE FOR A BUILDING PERMIT

SUBMITTALS REQUIRED: (2) Plot Plans showing Parking, Landscaping, Setbacks to all property lines, and all streets which abut the parcel:

SUBDIVISION: B+B Subdivision FILING # BLK # LOT # 5 TAX SCHEDULE NUMBER: 2945-013-04-005 PROPERTY OWNER: David J. Lacy ADDRESS: 1257 Hermosa PHONE: 245-9164 DESCRIPTION OF WORK AND INTENDED USE: Red wood decks	SQ FT OF BLDG: /200 FF. SQ FT OF LOT: 5, 725 FF. NUMBER OF FAMILY UNITS: / NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION USE OF ALL EXISTING BUILDINGS: Ta use
**************************************	ONLY
**************************************	RANCE MUST BE APPROVED IN WRITING BY OT BE OCCUPIED UNTIL A CERTIFICATE ARTMENT (Section 307, Uniform Building E MAINTAINED IN AN ACCEPTABLE AND HEALTHY ATERIALS THAT DIE OR ARE IN AN UNHEALTHY CONTROL OF THE ABOVE IS CORRECT AND I
	2441-

APPLICATION FOR BUILDING PERMIT BUILDING DEPARTMENT

Permit No CITYDATECOUNTY TO BE FILLED OUT BY APPLICANT ·PLOT PLAN NOTE: Show Easements, Property Line Dimensions, VALUATION \$300.00 All Other Structures, Specify North, and Street Name. For Odd Shaped Lots, Provide Separate Plot Plan. BLDG ADDRESS SUBDIVISION _ B+B FILING NO BLK NO LOT NO TAX SCHEDULE NO > 2445-013-04-005 SHOW Hermusa NAME VANIL T LACY
MAIL ADDRESS 1257 HACK Homosa ALL SETBACKS FROM PROPERTY LINES CITY Grand Td. PHONE 245-9164 NAME House MAIL ADDRESS CITYNAME David I Laco ADDRESS 1257 Hermilen CITY Grand Jot PHONE 245-9164 LICENSE NO_-CLASS OF WORK 35 NEW ___REMODEL ____ ADDITION MOVE-ON REPAIR 7t of Bldg____ Sq Ft of Lot No of Floors Height 10' x 20' Redwert Description of Work Planned: > No of Family Units No of Bedrooms Rick of rear (South) Occupancy: Residence Mobile Home (HUD No.) I hereby acknowledge that I have read this Commercial application and the above is correct and I Other agree to comply with all city and county ordinances and state laws regulating building CARPORT: GARAGE: construction. Single__Dble_ Single Dble FIREPLACE ____ NOTE TO APPLICANT: Reverse side of this form WOODSTOVE must be completed. Are Building Materials to be purchased outside Mesa County? Yes___ No___ State Sales Tax # DOCUMENTS REQUIRED Radon Survey (245-2400) FOR OFFICE USE ONLY X Building Plans Sanitary Sewer Clearance ____ Bldg Dept By_ Approval Date On-Site Sewage Disposal Permit Special Conditions _ Fire Flow Survey ____ Planning

Food Handling - County Health Dept.

Other _