

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 about the parcel:

BLDG ADDRESS: 229 Hill Ave

SQ FT OF BLDG: 168

SUBDIVISION: \_\_\_\_\_

SQ FT OF LOT: 7500

FILING # \_\_\_\_\_ BLK # 7-8 LOT # 35

NUMBER OF FAMILY UNITS: 1

TAX SCHEDULE NUMBER: \_\_\_\_\_

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION

294514223004

3

PROPERTY OWNER: Donald D. Davis

USE OF ALL EXISTING BUILDINGS:

ADDRESS: 229 Hill Ave

home, Garage + Workshop

PHONE: 242-9166

DESCRIPTION OF WORK AND INTENDED USE:

Addition - family room on back of house

\*\*\*\*\*  
FOR OFFICE USE ONLY  
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ZONE: RMF 32

FLOOD PLAIN: YES NO

SETBACKS: F 20 S 10 R 20

GEOLOGIC HAZARD: YES NO

RIGHT OF WAY: 45

CENSUS TRACT NUMBER: 3

MAXIMUM HEIGHT: 36

SPECIAL CONDITIONS: \_\_\_\_\_

PARKING SPACES REQUIRED: NA

side setback?

LANDSCAPING/SCREENING: per plan

Variances approved from 8-4-83 to 8/2

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ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED IN WRITING BY THIS DEPARTMENT.

THE STRUCTURE APPROVED BY THIS APPLICATION CANNOT BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY (CO) IS ISSUED BY THE BUILDING DEPARTMENT (Section 307, Uniform Building Code).

ANY LANDSCAPING REQUIRED BY THIS PERMIT SHALL BE MAINTAINED IN AN ACCEPTABLE AND HEALTHY CONDITION. THE REPLACEMENT OF ANY VEGETATION MATERIALS THAT DIE OR ARE IN AN UNHEALTHY CONDITION SHALL BE REQUIRED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE ABOVE IS CORRECT AND I AGREE TO COMPLY WITH THE REQUIREMENTS ABOVE. FAILURE TO COMPLY SHALL RESULT IN LEGAL ACTION.

X Donald D. Davis  
SIGNATURE

DATE APPROVED: 8-4-83

APPROVED BY: [Signature]

APPLICATION FOR BUILDING PERMIT  
BUILDING DEPARTMENT

CITY X  
COUNTY \_\_\_\_\_

Permit No \_\_\_\_\_  
DATE \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT

PLOT PLAN

VALUATION \$1000.00

NOTE: Show Easements, Property Line Dimensions, All Other Structures, Specify North, and Street Name. For Odd Shaped Lots, Provide Separate Plot Plan.

LEGAL DESCRIP.	BLDG ADDRESS <u>229 Hill Ave</u>
	SUBDIVISION _____
	FILING NO _____ LOT NO <u>7+8</u> BLK NO <u>35</u>
	TAX SCHEDULE NO <u>294514223004</u>
OWNER	NAME <u>Donald D Davis</u>
	MAIL ADDRESS <u>229 Hill Ave</u>
	CITY <u>Grand Tet</u> PHONE <u>242-9166</u>
ARCH ENGINEER	NAME <u>Owner</u>
	MAIL ADDRESS _____
	CITY _____
CONTRACTOR	NAME <u>Owner</u>
	ADDRESS _____
	CITY _____
	LICENSE NO _____ PHONE _____

CLASS OF WORK

NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ ADDITION X  
REPAIR \_\_\_\_\_ MOVE-ON \_\_\_\_\_ OTHER \_\_\_\_\_  
Sq Ft of Bldg 168 Sq Ft of Lot 7500  
No of Floors 1 Height 8'  
No of Family Units \_\_\_\_\_ No of Bedrooms \_\_\_\_\_

Occupancy:

Residence yes  
Mobile Home \_\_\_\_\_  
(HUD No.) \_\_\_\_\_  
Commercial \_\_\_\_\_  
Other \_\_\_\_\_

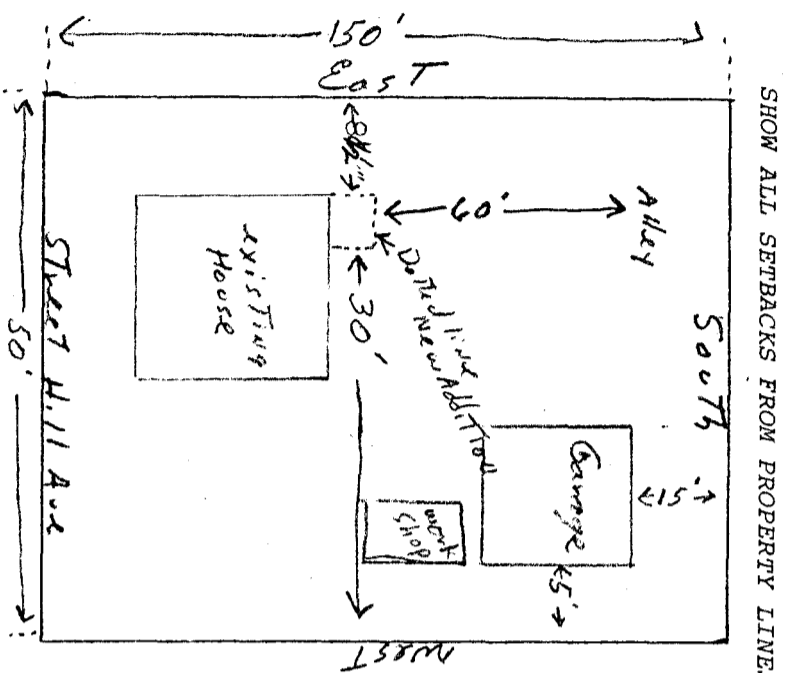
GARAGE: Single Dble CARPORT: Single Dble

FIREPLACE \_\_\_\_\_ WOODSTOVE X

Are Building Materials to be purchased outside Mesa County? Yes \_\_\_\_\_ No X  
State Sales Tax # \_\_\_\_\_

DOCUMENTS REQUIRED

- Radon Survey (245-2400) \_\_\_\_\_
- Building Plans \_\_\_\_\_
- Sanitary Sewer Clearance \_\_\_\_\_
- On-Site Sewage Disposal Permit \_\_\_\_\_
- Fire Flow Survey \_\_\_\_\_
- Planning \_\_\_\_\_
- Energy \_\_\_\_\_
- Food Handling - County Health Dept. \_\_\_\_\_
- Other \_\_\_\_\_



Description of Work Planned: Addition on Back of Existing House

I hereby acknowledge that I have read this application and the above is correct and I agree to comply with all city and county ordinances and state laws regulating building construction.

NOTE TO APPLICANT: Reverse side of this form must be completed.

Donald D Davis  
SIGNATURE

FOR OFFICE USE ONLY

Approval Date \_\_\_\_\_ Bldg Dept By \_\_\_\_\_  
Special Conditions \_\_\_\_\_