

DATE SUBMITTED: 12-3-86

PERMIT # 26722

FEE \$ 5⁰⁶

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 2835 Elm Ave

SQ. FT. OF BLDG: 192

SUBDIVISION: Compton Sub

SQ. FT. OF LOT: 7517.5

FILING # _____ BLK # _____ LOT # _____

NUMBER OF FAMILY UNITS: 1

TAX SCHEDULE NUMBER:
2945-073-05-001

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION:
Two

PROPERTY OWNER: Bob Gass

USE OF ALL EXISTING BUILDINGS:
Residence + Garage

ADDRESS: 2835 Elm Ave

PHONE: 241-4662

DESCRIPTION OF WORK AND INTENDED USE:
Build 12'x16' room

SUBMITTALS REQ'D: TWO (2) PLOT PLANS SHOWING PARKING, LANDSCAPING, SETBACKS TO ALL PROPERTY LINES, AND ALL STREETS WHICH ABUT THE PARCEL.

FOR OFFICE USE ONLY

ZONE: RSF-8

FLOODPLAIN: YES _____ NO X

SETBACKS: F M/A S 5' R 15'

GEOLOGIC HAZARD: YES _____ NO X

MAXIMUM HEIGHT: _____

CENSUS TRACT #: 6

PARKING SPACES REQ'D: _____

TRAFFIC ZONE: 30

LANDSCAPING/SCREENING: _____

SPECIAL CONDITIONS: _____

ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED, IN WRITING, BY THE DEPARTMENT. THE STRUCTURE APPROVED BY THIS APPLICATION CANNOT BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY (C.O.) 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.

DATE APPROVED: 12-3-86

APPROVED BY: [Signature]

[Signature]
SIGNATURE

APPLICATION FOR BUILDING PERMIT
BUILDING DEPARTMENT

CITY _____
COUNTY _____

Permit No _____
DATE _____

TO BE FILLED OUT BY APPLICANT

PLOT PLAN

VALUATION _____

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 2835 Elm Ave
SUBDIVISION _____
FILING NO _____ LOT NO _____ BLK NO _____
TAX SCHEDULE NO _____

OWNER
NAME Bob GASS
MAIL ADDRESS 2835 Elm Ave
CITY Grand Jct. PHONE 241-4662

ARCH ENGINEER
NAME _____
MAIL ADDRESS _____
CITY _____

CONTRACTOR
NAME Ecl Chase
ADDRESS 559 Garrison
CITY Grand Jct.
LICENSE NO 2860250 PHONE 242-0564

CLASS OF WORK

REMODEL _____ ADDITION X
REPAIR _____ MOVE-ON _____ OTHER _____

Sq Ft of Bldg 172 Sq Ft of Lot 7517.5

No of Floors 1 Height 8

No of Family Units 1 No of Bedrooms _____

Occupancy:

Residence X

Mobile Home _____

(HUD No.) _____

Commercial _____

Other _____

GARAGE: Single Dble CARPORT: Single _____ Dble _____

FIREPLACE _____ WOODSTOVE _____

Are Building Materials to be purchased outside Mesa County? Yes _____ No X

State Sales Tax # _____

DOCUMENTS REQUIRED

Radon Survey (248-7164) _____

Building Plans _____

Sanitary Sewer Clearance _____

On-Site Sewage Disposal Permit _____

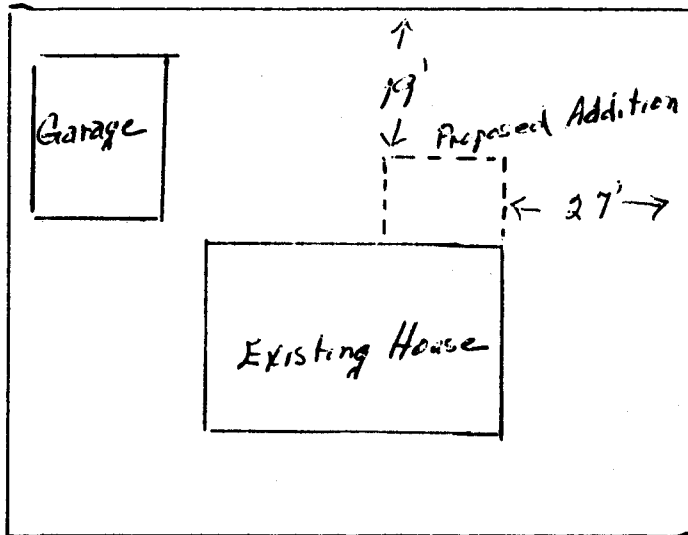
Fire Flow Survey _____

Planning _____

Energy _____

Food Handling - County Health Dept. _____

Other _____



Elm Ave

Description of Work Planned: Build 12x16 ft. Room

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.

Eclwin Chase
SIGNATURE

FOR OFFICE USE ONLY

Approval Date _____ Bldg Dept By _____

Special Conditions _____