

DATE SUBMITTED: 05-22-86

PERMIT # 24567

FEE #5⁰⁰

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 115 MANWISON

SQ. FT. OF BLDG: _____

SUBDIVISION: N/A

SQ. FT. OF LOT: _____

FILING # N/A BLK # 55 LOT # 344

NUMBER OF FAMILY UNITS: _____

TAX SCHEDULE NUMBER:
2945-142-25-002

NUMBER OF BUILDINGS ON PARCEL
BEFORE THIS PLANNED CONSTRUCTION:

PROPERTY OWNER: BUD CLARK

USE OF ALL EXISTING BUILDINGS:

ADDRESS: 2139 TEXAS AV.

PHONE: 242-6453

DESCRIPTION OF WORK AND INTENDED USE:
Remodel - change of use

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

FOR OFFICE USE ONLY

ZONE: C-2

FLOODPLAIN: YES _____ NO X

SETBACKS: F N/A S N/A R N/A

GEOLOGIC HAZARD: YES _____ NO X

MAXIMUM HEIGHT: _____

CENSUS TRACT #: 3

PARKING SPACES REQ'D: _____

TRAFFIC ZONE: 35

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: 5/22/86

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 550⁰⁰

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>115 ANNISON</u> |
| | SUBDIVISION _____ |
| | FILING NO <u>LOT NO3+4 BLK NO 55</u> |
| | TAX SCHEDULE NO <u>2945-142-25-002</u> |
| OWNER | NAME <u>Rud CLARK</u> |
| | MAIL ADDRESS <u>2139 TEXAS AV</u> |
| | CITY <u>ALBUQU</u> PHONE <u>242-6453</u> |
| ARCH ENGINEER | NAME <u>N/A</u> |
| | MAIL ADDRESS _____ |
| | CITY _____ |
| CONTRACTOR | NAME <u>R F Construction</u> |
| | ADDRESS <u>2427 BOLLING DR</u> |
| | CITY <u>ALBUQU</u> |
| | LICENSE NO <u>2060344</u> PHONE <u>243924</u> |

CLASS OF WORK

| | |
|----------------------------------|--|
| REMODEL <input type="checkbox"/> | ADDITION <input checked="" type="checkbox"/> |
| REPAIR <input type="checkbox"/> | OTHER <input type="checkbox"/> |

Sq Ft of Bldg _____ Sq Ft of Lot _____
No of Floors _____ Height _____
No of Family Units _____ No of Bedrooms _____

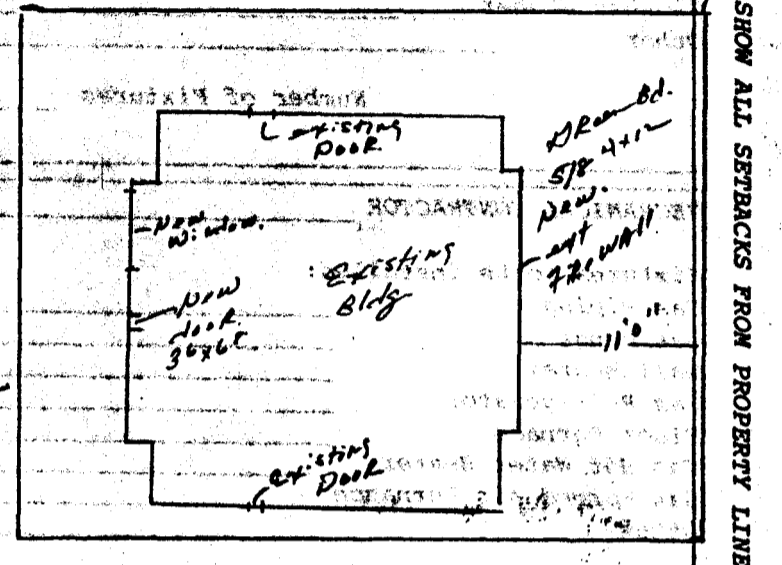
Occupancy:
Residence Zoned Bus.
Mobile Home _____
(HUD No.) _____
Commercial CLARK Motor Co.
Other _____

GARAGE: Single _____ Dble _____ CARPORT: Single _____ Dble _____
FIREPLACE _____ WOODSTOVE _____

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



Description of Work Planned: Remodel +
Like Wall ext. of East side of building.
Add one New Door on West side
of building + window.

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.

R. D. Fausone
SIGNATURE

FOR OFFICE USE ONLY

Approval Date _____ Bldg Dept By _____
Special Conditions _____

SHOW ALL SETBACKS FROM PROPERTY LINES