DATE SUBMITTED: 9-10-87	PERMIT # 28603
	FEE 75 20
GRAND JUNCTION PLANNING DEPARTMENT	
BLDG ADDRESS: 1022 1024 Likele Dr.	SQ. FT. OF BLDG: <u>800 ft</u>
SUBDIVISION: Lakeride	SQ. FT. OF LOT:
	NUMBER OF FAMILY UNITS:
TAX SCHEDULE NUMBER: 2945-024-13-00ドデ 007	NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION:
PROPERTY OWNER: J. B. Berly Wilhits ADDRESS: 1022 1024 Lakeside Dune	USE OF ALL EXISTING BUILDINGS:
PHONE:	Homes
DESCRIPTION OF WORK AND INTENDED USE: enclose carporte into garages	SUBMITTALS REQ'D: TWO (2) PLOT PLANS SHOWING PARKING, LAND- SCAPING, SETBACKS TO ALL PROPERTY LINES, AND ALL STREETS WHICH ABUT THE PARCEL.
**************************************	
ZONE: <u>PR-12</u>	FLOODPLAIN: YES NO
	GEOLOGIC HAZARD: YES NO X
	CENSUS TRACT #: 10
	TRAFFIC ZONE: 23
	SPECIAL CONDITIONS:
ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED, IN WRITING, BY THS 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 AN 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 'ORRECT AND I AGREE TO COMPLY WITH THE REQUIREMENTS ABOVE. FAILURE TO	
COMPLY SHALL RESUL IN LEGAL ACTION.	
DATE APPROVED: <u>Mailey MULPUL</u> APPROVED BY: <u>9/10/87</u>	L Denson SIGNATURE

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## APPLICATION FOR BUILDING PERMIT BUILDING DEPARTMENT

CITY Mund get COUNTY min

## Permit NO\_\_\_\_\_\_ DATE \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT PLOT PLAN NOTE: Show Easements, Property Line Dimensions, VALUATION 33 colo All Other Structures, Specify North, and Street Name. For Odd Shaped Lots, Provide Separate Plot Plan. BLDG ADDRESS 1032 + 1034 Lakeail Du SUBDIVISION Lakerice FILING NO 2\_LOT NO BLK NO ESCRI TAX SCHEDULE NO SHOW ALL SETBACKS FROM PROPERTY LINES NAME Z. & Bran Betty Willet OWNER MAIL ADDRESS ali MAIL ADDRESS <u>some as an</u> CITY <u>Grand Set</u>. PHONE NAME ENGINE ARCH MAIL ADDRESS CITY NAME 2. 2 C.L. ADDRESS /000 CITY Line CONT PHONE 241.0233 LICENSE NO 20 4 20 241-023 Carport CLASS OF WORK REMODEL ADDITION < OTHER REPAIR MOVE-ON Sq Ft of Bldg Sq Ft of Lot No of Floors Height Description of Work Planned: enclose carpente No of Family Units\_\_\_\_ No of Bedrooms garages Occupancy: Residence Mobile Home (HUD No.) I hereby acknowledge that I have read this Commercial application and the above is correct and I Other enclose efisting agree to comply with all city and county CARPORT: ordinances and state laws regulating building GARAGE: construction. Single Dble Single Dble NOTE TO APPLICANT: Reverse side of this form FIREPLACE WOODS TOVE must be completed. Are Building Materials to be purchased outside Mesa County? Yes\_\_\_\_ No\_\_\_\_ luca State Sales Tax #\_\_\_\_ SIGNATURE DOCUMENTS REQUIRED Radon Survey (245-2400) FOR OFFICE USE ONLY Sanitary Sewer Clearance Approval Date \_\_\_\_ Bldg Dept By\_\_\_ \_On-Site Sewage Disposal Permit\_ Special Conditions Fire Flow Survey <code>Planning \_</code> Energy Food Handling - County Health Dept. Other