

DATE SUBMITTED: 8-10-87

PERMIT # 20357

FEE \$500

# PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 301 Orchard Ave SQ. FT. OF BLDG: 624

SUBDIVISION: \_\_\_\_\_ SQ. FT. OF LOT: 12,750

FILING # \_\_\_\_\_ BLK # \_\_\_\_\_ LOT # \_\_\_\_\_ NUMBER OF FAMILY UNITS: \_\_\_\_\_

TAX SCHEDULE NUMBER: \_\_\_\_\_ NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: \_\_\_\_\_

2945-113-07-032

PROPERTY OWNER: Charles a Guest

ADDRESS: 301 Orchard Ave USE OF ALL EXISTING BUILDINGS: Residence

PHONE: \_\_\_\_\_

DESCRIPTION OF WORK AND INTENDED USE: Build Detached Garage SUBMITTALS REQ'D: TWO (2) PLOT PLANS SHOWING PARKING, LANDSCAPING, SETBACKS TO ALL PROPERTY LINES, AND ALL STREETS WHICH ABUT THE PARCEL.

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### FOR OFFICE USE ONLY

ZONE: RS-5 FLOODPLAIN: YES \_\_\_\_\_ NO

SETBACKS: F 20' S 5' R 10' GEOLOGIC HAZARD: YES \_\_\_\_\_ NO

MAXIMUM HEIGHT: \_\_\_\_\_ CENSUS TRACT #: 4

PARKING SPACES REQ'D: \_\_\_\_\_ TRAFFIC ZONE: 34

LANDSCAPING/SCREENING: \_\_\_\_\_ SPECIAL CONDITIONS: \_\_\_\_\_

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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 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 CORRECT AND I AGREE TO COMPLY WITH THE REQUIREMENTS ABOVE. FAILURE TO COMPLY SHALL RESULT IN LEGAL ACTION.

DATE APPROVED: 8-16-87

APPROVED BY: [Signature]

[Signature]  
SIGNATURE

APPLICATION FOR BUILDING PERMIT  
BUILDING DEPARTMENT

CITY GRAND Set.  
COUNTY MESA.

Permit No \_\_\_\_\_  
DATE 8-11-87

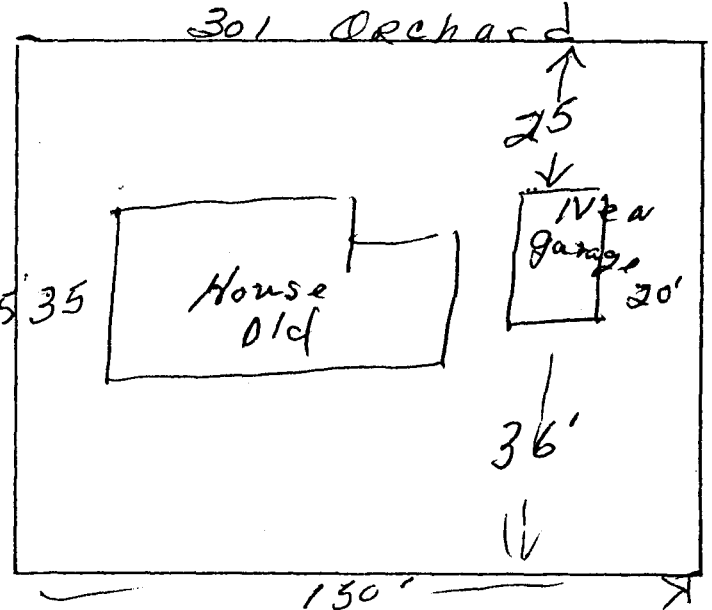
TO BE FILLED OUT BY APPLICANT

PLOT PLAN

VALUATION \$ 6000.00

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

|                   |   |
|-------------------|---|
| LEGAL<br>DESCRIP. | BLDG ADDRESS <u>301 ORCHARD</u>                 |
|                   | SUBDIVISION _____                               |
|                   | FILING NO _____ LOT NO _____ BLK NO _____       |
|                   | TAX SCHEDULE NO <u>2945-113-07-037</u>          |
| OWNER             | NAME <u>CHARLES A. Guest</u>                    |
|                   | MAIL ADDRESS <u>301 ORCHARD</u>                 |
|                   | CITY <u>B.J.</u> PHONE <u>-0-</u>               |
| ARCH<br>ENGINEER  | NAME _____                                      |
|                   | MAIL ADDRESS _____                              |
|                   | CITY _____                                      |
| CONTRACTOR        | NAME <u>J.R. Const.</u>                         |
|                   | ADDRESS <u>808-21 Rd.</u>                       |
|                   | CITY <u>FRUITA, Colo.</u>                       |
|                   | LICENSE NO <u>2870267</u> PHONE <u>243-8402</u> |



CLASS OF WORK

REMODEL  ADDITION  
 REPAIR  MOVE-ON  OTHER

Sq Ft of Bldg 624 Sq Ft of Lot \_\_\_\_\_  
 No of Floors 1 Height 14'  
 No of Family Units \_\_\_\_\_ No of Bedrooms \_\_\_\_\_

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

Description of Work Planned: Building New garage

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.  
J.R. Const.  
John Raff  
 SIGNATURE

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 \_\_\_\_\_

FOR OFFICE USE ONLY

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