DATE SUBMITTED: 9-10-87	PERMIT # 28602	
	FEE <u>\$5000</u>	
PLANNING CLEARANCE GRAND JUNCTION PLANNING DEPARTMENT		
BLDG ADDRESS: 2325 no Senille Circle	SQ. FT. OF BLDG: 200 39 ft.	
SUBDIVISION: Crown Keights	SQ. FT. OF LOT:	
FILING # / BLK # 5 LOT # 7	NUMBER OF FAMILY UNITS:	
TAX SCHEDULE NUMBER:	NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION:	
2945-011-37-007	/	
PROPERTY OWNER: Will need	USE OF ALL EXISTING BUILDINGS:	
ADDRESS: 2355 No Seville Ct.	Home	
PHONE:	SUBMITTALS REQ'D: TWO (2) PLOT	
DESCRIPTION OF WORK AND INTENDED USE:	PLANS SHOWING PARKING, LAND-	
add on belief garage for store	SCAPING, SETBACKS TO ALL PROPERTY CLINES, AND ALL STREETS WHICH ABUT	
	THE PARCEL.	

ZONE: PR-8	FLOODPLAIN: YES NO	
SETBACKS: F 15' S 1' R 10'	GEOLOGIC HAZARD: YES NO	
MAXIMUM HEIGHT:	CENSUS TRACT #: \O	
PARKING SPACES REQ'D:		
LANDSCAPING/SCREENING:	TRAFFIC ZONE: $\frac{2}{}$	
	SPECIAL CONDITIONS: 15' between	
	hime	
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 CORRECT AND I AGREE TO COMPLY WITH THE REQUIREMENTS ABOVE. FAILURE TO COMPLY SHALL RESUL IN LEGAL ACTION.

APPROVED BY: Sind

SIGNATURE

APPLICATION FOR BUILDING PERMIT BUILDING DEPARTMENT

CITY thank It.

<i>Permit</i>	NO
DATE	

TO BE FILLED OUT BY APPLICANT	PLOT PLAN
BLDG ADDRESS 2325 no Semille Circle Hai SUBDIVISION Crown Heights	NOTE: Show Easements, Property Line Dimensions All Other Structures, Specify North, and Street Name. For Odd Shaped Lots, Provide Separate Plot Plan.
FILING NO LOT NO 7 BLK NO 2 TAX SCHEDULE NO 2945-011-37-007	yorth Seville Clinch 80.68
NAME Will Mees MAIL ADDRESS 23 25 No faille Circle CITY Heard Jet Color PHONE	SHOW ALL SI
NAME Owner MAIL ADDRESS CITY	SETBACKS F
NAME J. & Beneral Dr. ADDRESS 1022 Lakeride Dr. CITY Grand Det Cab- LICENSE NO 2860 60 4 PHONE 241 0233	FROM PROPERTY
CLASS OF WORK	Ri
REMODEL ADDITION	4 5/
REPAIR MOVE-ON OTHER	EINES LINES
Sq Ft of Bldg 220 4 ft. Sq Ft of Lot 73/0	
No of Floors Height 12 ft.	Description of Work Planned: and storage
No of Family UnitsNo of Bedrooms	area to existing garage
Occupancy: Residence	
Mobile Home	#
(HUD No.)	
Commercial	I hereby acknowledge that I have read this
Other Starage add on	application and the above is correct and I agree to comply with all city and county
GARAGE: CARPORT:	ordinances and state laws regulating building
Single Dble Single Dble	construction.
FIREPLACE WOODSTOVE	NOTE TO APPLICANT: Reverse side of this form
Are Building Materials to be purchased	must be completed.
outside Mesa County? YesNo	22 Change
State Sales Tax #	SIGNATURE
DOCUMENTO DECUTORO	
DOCUMENTS REQUIRED	
Radon Survey (245-2400)	FOR OFFICE USE ONLY
Building Plans Sanitary Sewer Clearance	
On-Site Sewage Disposal Permit	Approval DateBldg Dept By
Fire Flow Survey	Special Conditions
Planning	
Energy	
Food Handling - County Health Dept.	