

DATE SUBMITTED: 8/28/89

PERMIT # 33876

FEE 5⁰⁰

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 3525 Applewood St.

SQ. FT. OF BLDG: 1900

SUBDIVISION: Spring Valley

SQ. FT. OF LOT: 10,499.2

FILING # 6 BLK # 16 LOT # 4

NUMBER OF FAMILY UNITS: 1

TAX SCHEDULE NUMBER:

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION:

2945-011-33-014

None

PROPERTY OWNER: Deb Olsen

USE OF ALL EXISTING BUILDINGS:

ADDRESS: PO Box 3565

PHONE: 243 4543

DESCRIPTION OF WORK AND INTENDED USE:

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

Single fam residence

FOR OFFICE USE ONLY

ZONE: RSF-5

FLOODPLAIN: YES NO

SETBACKS: F 45'^(20') S 5' R 25'

GEOLOGIC HAZARD: YES NO

MAXIMUM HEIGHT: 32'

CENSUS TRACT #: 10

PARKING SPACES REQ'D: n/a

TRAFFIC ZONE: 21

LANDSCAPING/SCREENING: n/a

SPECIAL CONDITIONS: Need to contact Spring Valley Homeowners Assn + Architectural Committee for their approvals.

ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED, IN WRITING, BY THIS 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.)

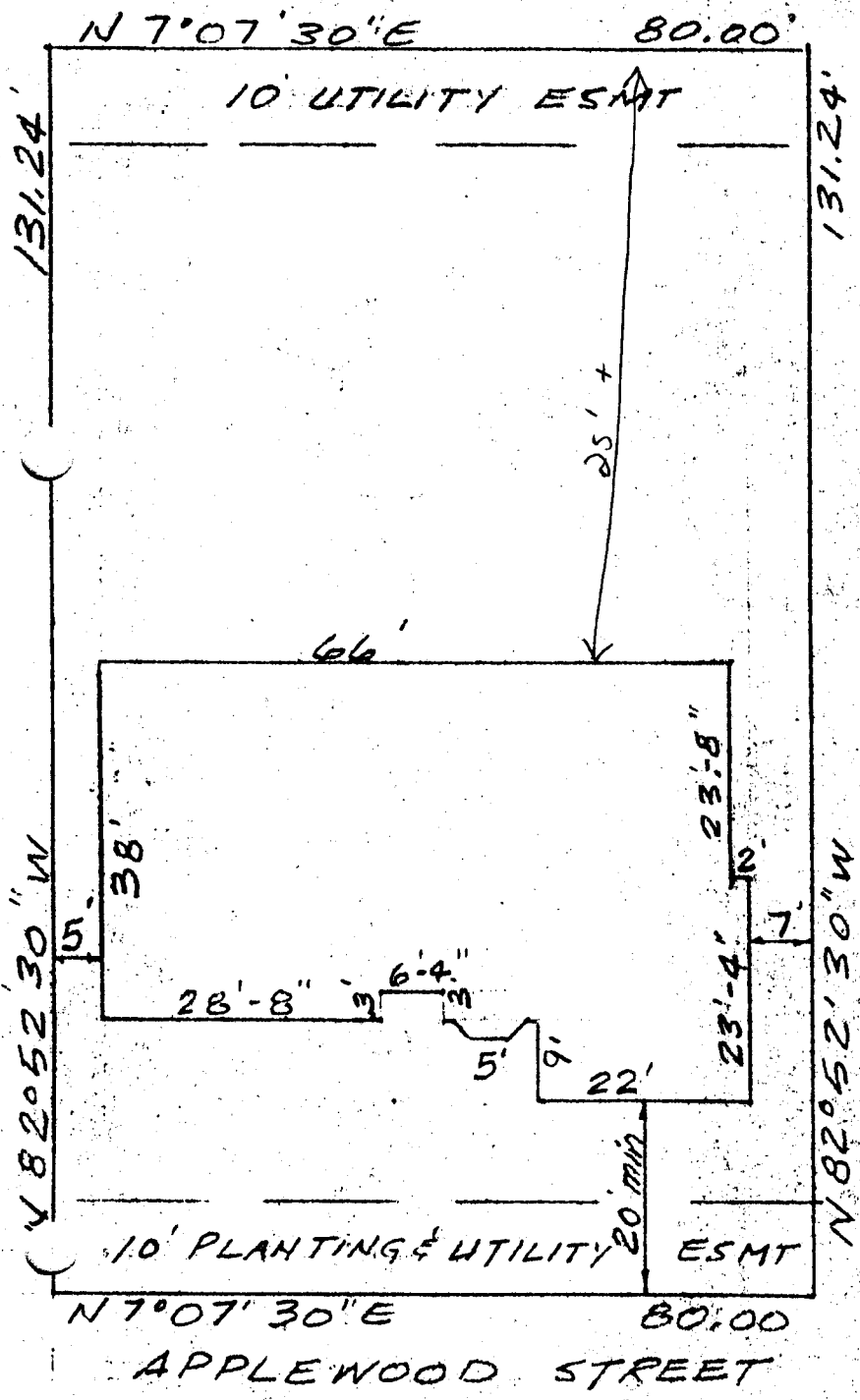
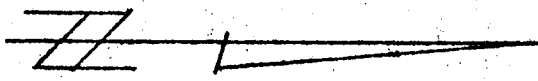
ANY LANDSCAPING REQUIRED BY THIS PERMIT SHALL BE MAINTAINED IN AN ACCEPTABLE AN HEALTHY CONDITION. THE REPLACEMENT OF ANY VEGETATION MATERIALS THAT DIE OR ARE IN AN UNHEALTHY CONDITION SHALL BE REQUIRED.

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: 8/28/89

APPROVED BY: [Signature]

[Signature]
SIGNATURE



PLOT PLAN
SCALE: 1" = 20'

ACCEPTED *[Signature]*
ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.