

DATE SUBMITTED: 6/6/86

PERMIT # 33107

FEE \$500

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 830 Independent

SQ. FT. OF BLDG: 43,000

SUBDIVISION: Westlake Park sp 5?

SQ. FT. OF LOT: _____

FILING # _____ BLK # _____ LOT # _____

NUMBER OF FAMILY UNITS: 1

TAX SCHEDULE NUMBER: _____

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: _____

2945-104-01-006

PROPERTY OWNER: MARY O GARA
DAVID WILSON

USE OF ALL EXISTING BUILDINGS: _____

ADDRESS: alone

Residential

PHONE: _____

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.

Set Mobile Home

700828-890272

FOR OFFICE USE ONLY

ZONE: C-2

FLOODPLAIN: YES _____ NO

SETBACKS: F _____ S park R _____

GEOLOGIC HAZARD: YES _____ NO

MAXIMUM HEIGHT: _____

CENSUS TRACT #: 4

PARKING SPACES REQ'D: _____

TRAFFIC ZONE: 10

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 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: 6/6/89

APPROVED BY: Ronald M. [Signature]

Mary O. Gara
SIGNATURE

AUTHENTICATION - MOBILE HOME TAXES

The undersigned certifies that the Mobile Home described below will be moved on or about 5-23-89
MONTH DAY YEAR

FR	PARK NAME OR NAME OF LAND OWNER <u>3268 - E Rd 3p27</u>				LEGAL DESCRIPTION, SPACE NO., OR ADDRESS			
	CITY <u>Clepton</u>	COUNTY <u>Mesa Co.</u>	STATE	ZIP				
TO	PARK NAME OR NAME OF LAND OWNER <u>830 Independent Ave</u>				LEGAL DESCRIPTION, SPACE NO., OR ADDRESS <u>3p2157</u>			
	CITY <u>A.J.</u>	COUNTY <u>Mesa</u>	STATE	ZIP				

NAME(S) OF MOBILE HOME OWNER(S) <u>David Wilson</u>				NAME(S) OF LIEN HOLDER(S) <u>Mary O'Hara</u>			
CURRENT ADDRESS OF OWNER(S)				CITY	STATE	ZIP	
NEW ADDRESS OF OWNER(S) <u>830 Independent Ave</u>				CITY <u>Grand Jct</u>	STATE <u>Co.</u>	ZIP	
I.D. NO. <u>5014047X</u>	TITLE NO.	MAKE <u>Casa Merina</u>	YEAR <u>1967</u>	DATE PURCHASED	SIZE <u>10x43</u>		
RETAIL PRICE DELIVERED NEW		SIGNATURE <u>Mary O'Hara</u>		NAME OF MOVER			
\$		5-22-89 <small>MONTH / DAY / YEAR</small>		PERSON SIGNING IS <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> MOVER			

ASSESSOR OF Mesa COUNTY

I hereby certify that the Assessed Valuation on the above described Mobile Home is as follows:
700828-890272 County Tax No. Tax District Check here if intra-county move
 No proration necessary.

Assessed Valuation for 19____ is \$ _____ divided by 12 = \$ _____ one month's proration.

Multiplied by _____ months to date = \$ _____ prorated valuation multiplied by the current mill levy or
 _____ = \$ _____ taxes due now.

new for 89 5-23-89 Richard Smith
MONTH / DAY / YEAR SIGNATURE OF COUNTY ASSESSOR OR DEPUTY

TREASURER OF Mesa COUNTY

	DUE	PAID	DATE
19____ Taxes	\$ _____	\$ _____	_____
Prior Year's Taxes	\$ _____	\$ _____	_____
19____ Taxes as Prorated Above	\$ _____	\$ _____	_____
TOTAL DUE	\$ _____	\$ _____	_____

I certify that all ad valorem taxes due this county applicable to the above described Mobile Home have been paid through the date of the move specified above.

5-22-89 Sorely Dip
MONTH / DAY / YEAR COUNTY TREASURER OR DEPUTY

ORIG-WHITE-STATE DEPT. OF HIGHWAY
 DUP-GREEN-TREASURER COUNTY MOVING TO
 TRIP-CANARY-TREASURER COUNTY MOVING FROM
 QUAD-PINK-ASSESSOR COUNTY MOVING FROM
 QUIN-GOLDENROD-MOBILE HOME OWNER