	A TOTAL CONTROL OF THE PROPERTY OF THE PROPERT
DATE SUBMITTED: 4/9/90	PERMIT # 35586
	PEE \$ 5 <u>00</u>
PLANNING CL	FARANCE
GRAND JUNCTION PLANN	
BLDG ADDRESS: 1535 N 25 TB	SQ. FT. OF BLDG:
SUBDIVISION:	SQ. FT. OF LOT:
FILING # BLK # LOT #	NUMBER OF FAMILY UNITS:
TAX SCHEDULE NUMBER:	NUMBER OF BUILDINGS ON PARCEL
2945-124-09-008	BEFORE THIS PLANNED CONSTRUCTION:
PROPERTY OWNER: Lance & Sheri Lewis	
ADDRESS: 1535 N 25 75	USE OF ALL EXISTING BUILDINGS:
	Resident
PHONE: <u>245 - 253</u>	SUBMITTALS REQ'D: TWO (2) PLOT
DESCRIPTION OF WORK AND INTENDED USE:	PLANS SHOWING PARKING, LAND-
COBRAGE	SCAPING, SETBACKS TO ALL PROPERTY LINES, AND ALL STREETS WHICH ABUT
	THE PARCEL.

FOR OFFICE US	B ONLY
zone: <u>RSF-8</u>	FLOODPLAIN: YES NO
SETBACKS: F <u>20</u> s <u>3</u> R <u>3</u>	GEOLOGIC
MAXIMUM HEIGHT: 32'	HAZARD: YES NO
.	CENSUS TRACT #:
PARKING SPACES REQ'D: U/A	TRAFFIC ZONE: 3/
LANDSCAPING/SCREENING:	SPECIAL CONDITIONS. 11/A

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.

HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE ABOVE IS PRRECT AND I AGREE TO COMPLY WITH THE REQUIREMENTS ABOVE. FAILURE TO COMPLY SHALL RESUL IN LEGAL ACTION.

DATE APPROVED:

APPLICATION FOR BUILDING PERMIT BUILDING DEPARTMENT

Permit No_

CITY _

Other __

COUNTY	DATE
TO BE FILLED OUT BY APPLICANT	PLOT PLAN
VALUATION BLDG ADDRESS 1535 N 2573 SUBDIVISION SE FILING NO LOT NO BLK NO TAX SCHEDULE NO 2945-124-07-008	NOTE: Show Easements, Property Line Dimension All Other Structures, Specify North, and Street Name. For Odd Shaped Lots, Provide Separate Plot Plan.
NAME Lance + Sheri Lewis MAIL ADDRESS 1535 N 2572 CITY C-rand Tai PHONE NAME MAIL ADDRESS CITY NAME ADDRESS CITY LICENSE NO PHONE CLASS OF WORK	ARCCEPTED HOLD HOLD 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.
REMODEL ADDITION REPAIR MOVE-ON OTHER Sq Ft of Bldg SQ Sq Ft of Lot No of Floors Height No of Family Units No of Bedrooms Occupancy: Residence	Pescription of Work Planned: 22 x 2 4 Gauge
Mobile Home (HUD No.) Commercial Other GARAGE: CARPORT: Single_Dble_ Single_Dble_	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.
FIREPLACE WOODSTOVE Are Building Materials to be purchased outside Mesa County? Yes No State Sales Tax #	NOTE TO APPLICANT: Reverse side of this form must be completed. SIGNATURE
DOCUMENTS REQUIRED Radon Survey (248-7164) Building Plans Sanitary Sewer Clearance On-Site Sewage Disposal Permit	FOR OFFICE USE ONLY Approval Date Bldg Dept By Special Conditions
Fire Flow Survey Planning Energy Food Handling - County Health Dept.	