

DATE SUBMITTED: July 9, 1990

PERMIT # 36470

FEE 5.00

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 3009 Beechwood St SQ. FT. OF BLDG: 2900

SUBDIVISION: Spring Valley SQ. FT. OF LOT: _____

FILING # 5 BLK # 10 LOT # 14 NUMBER OF FAMILY UNITS: one

TAX SCHEDULE NUMBER: 2945-01 - 21-014 NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: one

PROPERTY OWNER: Ronald W. Bradley

USE OF ALL EXISTING BUILDINGS:

ADDRESS: 3009 Beechwood St.

Single Family

PHONE: 241-3759

DESCRIPTION OF WORK AND INTENDED USE: Addition onto Family Room

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

FOR OFFICE USE ONLY

ZONE: RSF-5

FLOODPLAIN: YES _____ NO X

SETBACKS: F 20' S 5' R 25'

GEOLOGIC HAZARD: YES _____ NO _____

MAXIMUM HEIGHT: 32

CENSUS TRACT #: 10

PARKING SPACES REQ'D: _____

TRAFFIC ZONE: 21

LANDSCAPING/SCREENING: _____

SPECIAL CONDITIONS: Requires review of Architectural Control Committee

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: 7/9/90

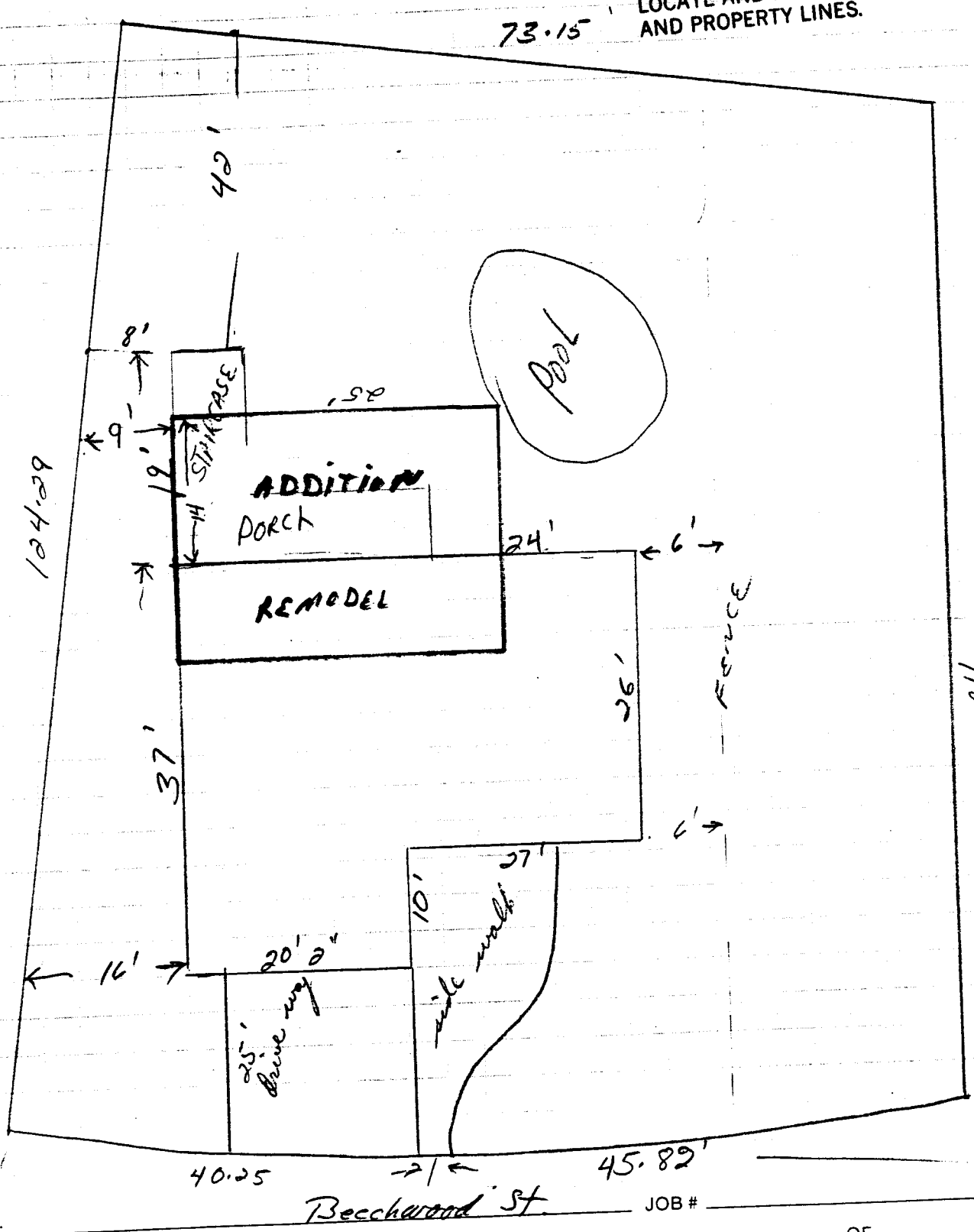
APPROVED BY: B. Paulson

Ronald W. Bradley
SIGNATURE



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 CHUCK ZWIACHER

ACCEPTED BO 7/9/90
 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.



JOB NAME: _____ JOB # _____
 LOCATION: _____ SHEET _____ OF _____
 SALESMAN: _____ BY _____ DATE: _____