| DATE SUBMITTED: | 4- | 8-9 | 3 |
|-----------------|----|----------|--------|
| DVID SODMIIIFD. | | <u> </u> | \geq |

| PERMIT | NO. <u>4455</u> | |
|--------|-----------------|--|
| FEE \$ | 5.00 | |

PLANNING CLEARANCE

GRAND JUNCTION COMMUNITY DEVELOPMENT DEPARTMENT

| GRAND JUNCTION COMMUNITY DEVELOPMENT DEPARTMENT | | | | |
|--|--|--|--|--|
| BLDG ADDRESS 823 North 10 th | SQ. FT. OF BLDG: 3/X // 8" Ey. | | | |
| SUBDIVISION | SQ. FT. OF LOT: | | | |
| FILING # BLK # LOT # | Wait 19 NO. OF FAMILY UNITS: 2 Bbr. | | | |
| TAX SCHEDULE # 2945-141-16-009 | NO. OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: | | | |
| OWNER Karleen DUNNING | USE OF EXISTING BUILDINGS: | | | |
| ADDRESS 823 10 4 St | DESCRIPTION OF WORK AND INTENDED USE: | | | |
| TELEPHONE: 24/-2405 | Family Room | | | |
| REQUIRED: Two plot plans showing parking, landscaping | ng, setbacks to all property lines, and all streets which abut the parcel. | | | |
| ***************** | | | | |
| FOR O | OFFICE USE ONLY | | | |
| ZONE 4015-32 | FLOODPLAIN: YES NO | | | |
| ETBACKS: FRONT 20 | GEOLOGIC HAZARD: YES NO | | | |
| $SIDE = \frac{10^{\prime}}{REAR} = \frac{20^{\prime}}{20^{\prime}}$ | CENSUS TRACT: 2 TRAFFIC ZONE: 36 | | | |
| MAXIMUM HEIGHT36' | PARKING REQ'MT | | | |
| LANDSCAPING/SCREENING REQUIRED: | SPECIAL CONDITIONS: | | | |
| ********** | **************** | | | |
| Modifications to this Planning Clearance must be approved, in writing, by this Department. The structure approved by this application cannot be occupied until a Certificate of Occupancy is issued by the Building Department (Section 307, Uniform Building Code). | | | | |
| Any landscaping required by this permit shall be maintained in an acceptable and 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 as above. Failure to comply shall result in legal action. | nd the above is correct, and I agree to comply with the requirements | | | |
| | All William | | | |
| Missing / Care | Applicant Signature | | | |
| Department Approval | Applicant Signature | | | |
| Date Approved | Date | | | |
| | | | | |

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2 D Grand Junction Zoning & Development Code)



