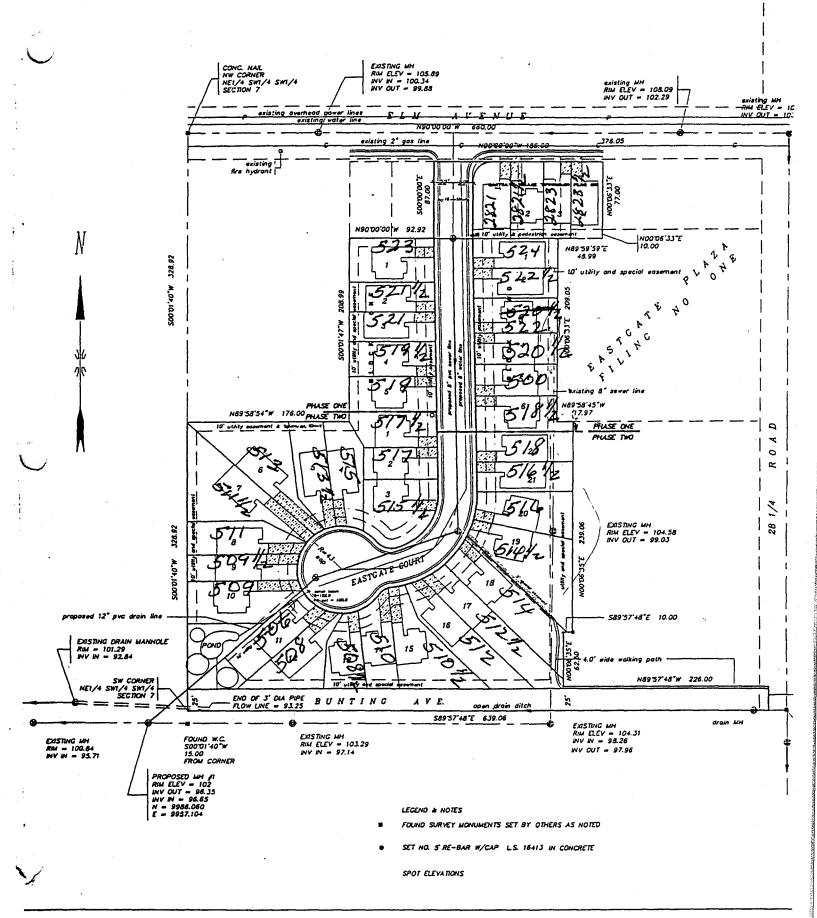
DATE SUBMITTED: 7/8/93

PLANNING CLEARANCE
GRAND JUNCTION COMMUNITY DEVELOPMENT DEPARTMENT

	<i>N</i>				
BLDG ADDRESS 514 Cast gote C	CT. SQ. FT. OF BLDG: 1298 9				
SUBDIVISION East gote College	sq. ft. of lot: 6/28 \$				
FILING # 3 BLK # 2 LOT #	NO. OF FAMILY UNITS:				
TAX SCHEDULE # 2943 - 073 - 30 - 6	NO. OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION:				
OWNER Robert L. Wassey	USE OF EXISTING BUILDINGS:				
ADDRESS 2706 H. R.S. GJ.	4 /.A				
TELEPHONE: 247-2300	DESCRIPTION OF WORK AND INTENDED USE:				
,	aping, setbacks to all property lines, and all streets which abut the parcel.				
***************************************	***************************************				
FOR	R OFFICE USE ONLY				
ZONE PR	FLOODPLAIN: YES NO				
ETBACKS: FRONT	GEOLOGIC HAZARD: YES NO				
SIDE	CENSUS TRACT: 6 TRAFFIC ZONE: 30				
MAXIMUM HEIGHT	PARKING REQ'MT				
LA POSCAPING/SCREENING REQUIRED:	SPECIAL CONDITIONS:				
Modifications to this Planning Clearance must be app	proved, in writing, by this Department. The structure approved by this Occupancy is issued by the Building Department (Section 307, Uniform				
Any landscaping required by this permit shall be main vegetation materials that die or are in an unhealthy co	ntained in an acceptable and healthy condition. The replacement of any condition shall be required.				
I hereby acknowledge that I have read this application above. Failure to comply shall result in legal action.	n and the above is correct, and I agree to comply with the requirements				
Department Approval	Robut L Desculare Applicant Signature				
7/8/93	Aufy 8, 93				
Date Approved	() Date				

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



Contractor/Owner Signature

## PERMIT TO BUILD

045564

MESA COUNTY PUBLIC WORKS DEPARTMENT BUILDING INSPECTION DIVISION

ISA COUNTY \_\_\_

COLLBRAN			C 11.	<del>_</del>	PERMIT NUMBER
DEBEQUE		PERMIT	TYPE		-
FRUITA GRAND JCT.					52, 778
PALISADE					VALUE
OWNER: PROJECT ADDRESS: SUBDIVISION:	Jucy	MOE	ILE HOME T	AX ID NO.:	
DDO TROM ADDDEGO D	ZIV PA	tacter	th may -	ADORT NO 20	U3-673-76-019
SUBDIVISION.	511 ( 202	LOT NO	TAX P	NO FI	TING NO
£		9 D. C	11 250		
- "\C:00	15an.	- 3700	N RO	6 7 61206	- 317-9300
CONTRACTOR	ADDRESS		PHO	NE NO 3930.	SECLICENSE NO.
OCCUPANCY: DESCRIPTION OF WOF	NO. OF	UNITS:	7/1	NO. OF BED	ROOMS:
DESCRIPTION OF WOR	RK :	ı	/U ~	ン ( <del>-)</del> 2、	esidenes
REQUIRED DOCUMENTS ADON SURVEY: 4/26 RE FLOW: PECIAL CONDITIONS		ma	10-0		
1DON SURVEY: 476	O/ 2 SEW	ER: OC	DO JE	PTIC:	
TRE FLOW:	FOOD H	ANDLING:_		_ PLANNING:_	
PECIAL CONDITIONS	•			Cita	
PIPMPDICAT COMPDAC	TOP (A)	~ (A	T.TCENCE N	2766	VALITE
PLUMBING CONTRACTO	R	Lui	LICENSE N	0.2930655	VALUE
ELECTRICAL CONTRACTOR PLUMBING CONTRACTOR MECHANICAL CONTRACTOR CO	TOR Sto	· us	LICENSE N	0	VALUE
		========			
EXEMPT HOWTHLY ON CON	PLETION K	1. (	ISK TAX UPON PURCH BALES TAY NAS MOT	ask of all naterials refer dath. You have an	WHICH THE GRAND JUNCTION  marize by supplier on
I hereby acknowledge the USE Ti	X filing status noted				rials used. This shall be
and agree to abide by the provi					d directly on the FIMANCE
County Sales and Use Tax Resolu	tion MCM-81-199. I und	erstand I	IRECTOR'S OFFICE.		
that I am responsible for maint					ereby certify that all
records that are subject to aud my use tax return.	it for 3 years to subs				n will be purchased within directly to the supplier.
my woo bear foreign.					be retained for three years.
			I certify that the	statements made here	ein are true and correct to the
		,	best of my knowlet	ige)	
Kh June	_		x KA	auss.	
=======================================	=======================================		=======================================		
	PERMIT	7L	-1/2"	. /	
sereby acknowledge that the a			t of my knowledge	and hagree to come	ly with all city or
county ordinances pegulating bu				/ _ / _ /	
					)

Building Department Signature