FEE\$ 10,00	BLDG PERMIT NO. 54759		
(Single Family Resid	NG CLEARANCE ential and Accessory Structures) nunity Development Department		
5030-1100-01 🔹 THIS SECTION TO BE COMPLETED BY APPLICANT 🖘			
BLDG ADDRESS 312 EAST OAKOTA COM	TAX SCHEDULE NO. 2945 - 302 - 08 - 00 7		
SUBDIVISION Monument UA/ky	SQ. FT. OF PROPOSED BLDG(S)/ADDITION		
FILING <u>5</u> BLK <u>2</u> LOT <u>7</u>	SQ. FT. OF EXISTING BLDG(S)		
(1) OWNER Jim & GINGER Sicmen's	NO. OF DWELLING UNITS BEFORE: AFTER: THIS CONSTRUCTION		
(1) ADDRESS <u>8505 East OACHAN</u> ROAD (1) TELEPHONE <u>303 ~ 689 ~ 3540</u>	NO. OF BLDGS ON PARCEL BEFORE: AFTER: THIS CONSTRUCTION		
(2) APPLICANT Merritt Coust	USE OF EXISTING BLDGS		
(2) ADDRESS 405 West MAY Frek			
⁽²⁾ TELEPHONE 241-5164	New Res. 3/F		
REQUIRED: Two (2) plot plans, on 8 1/2" x 11" pape	r, showing all existing and proposed structure location(s), parking, perty, and all easements and rights-of-way which abut the parcel.		
THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF 📾			
ZONE PR-1.6	Maximum coverage of lot by structures		
SETBACKS: Front from property line (PL) Parking Req'mt		
or from center of ROW, whichever is greater	Special Conditions ACCD Upproval		
Side <u>40</u> from PL Rear <u>40</u> from I	required		
Maximum Height	- CENS.T. <u>64</u> T.ZONE <u>63</u> ANNX#		

Modifications to this Planning Clearance must be approved, in writing, by the Director of the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued by the Building Department (Section 305, Uniform Building Code).

I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature Conten	Date 1- 10-96
Department Approval Marcia Rabideaus	Date <u>1-19-94</u>
Additional water and/or sewer tap fee(s) are required: YES NO	WONO. 8877 - 5/F
Utility Accounting Mullie Former	Date 1-18-96
VALUE FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 0.2.20.0)	rend Junction Zoning & Dovelonment Code)

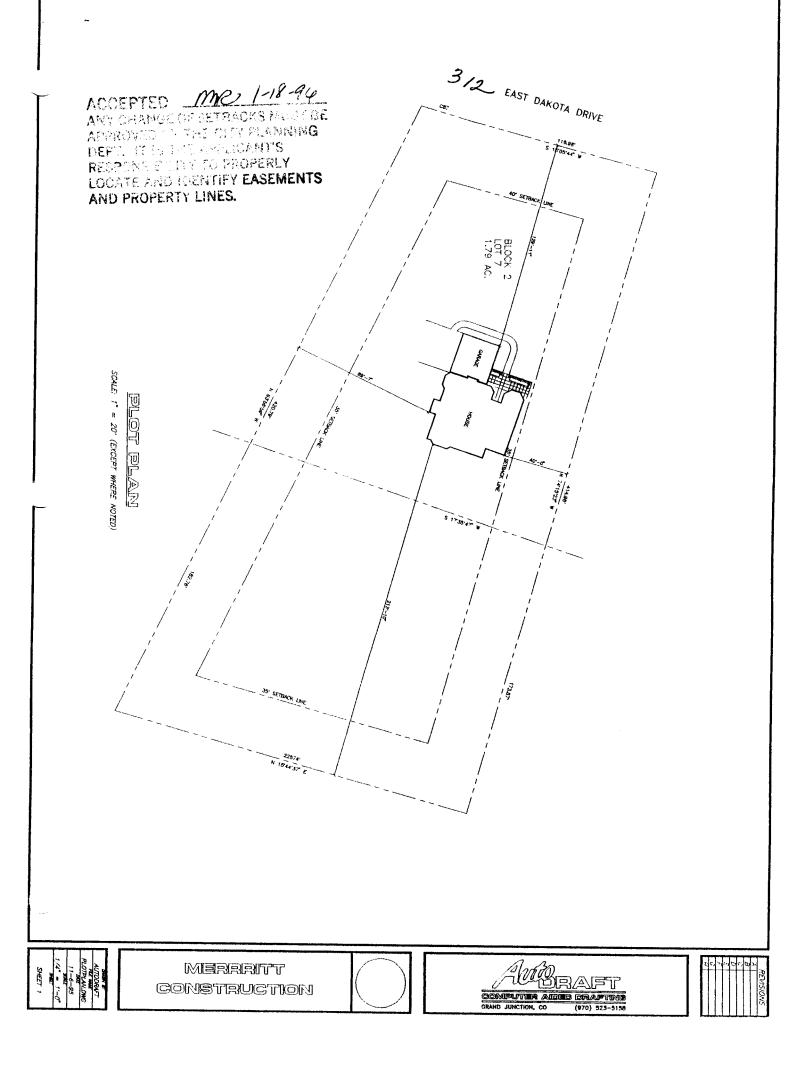
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)



	Multiple Copies: Please Type or Press Firmly With Ball Point Pen 4155		
	Copy Distribution Department of Public World		
Ca	Canary-Office File 250 North Fifth Street Phone (303) 244-1555		
	reen-inspector Grand Junct		
	·	TION OF FACILITIES IN DUDUC DICHT OF WAY	
		TION OF FACILITIES IN PUBLIC RIGHT OF WAY (Water Conservancy Districts Exempt)	
	Contractor	Permit Fee	
Co	SMPANY MERRITT CONST INC.	Curbing/Sidewalk Permit (\$30) \$	
	1 1 1 1 1 1 1 1 1 1 C C 19 50422	Pavement Cut/Excavation Permit (\$50) \$	
	oncrete Curbing/Sidewalk License No. G.C. 29.50472	Plus \$0.05 per linear foot of trench over 100' in length \$	
Ad	Idress 405 West MAYField Drive	Other \$	
Ci	ly Grand Jet State Colo Zip Code &/SC		
Application Date96			
Da	ate Work to Begin $\angle - 16 - 96$	Alternate Responsible Person Phone No.	
4-	nlicipaled Completion Date $\frac{9-20-96}{2000000000000000000000000000000000000$	- Alternate Responsible Person Phone No. - SAm 245-6/64 After Working Hours Contact Phone No.	
A 1			
312 EAST DAKOTA Count Monument VAlley			
	reet Address/Location(s)	Subdivision Name (II Known)	
_		lace Existing New Installation Utility Work Is	
	[2]3]4 Sanitary Sever []2]3]4 Irrigation []2]3]4		
]234 Storm Sewer []234 Curb & Gutter []234]234 Water []234 Sidewalk []234	Telephone 1234 Gas Service Line Cable T.V. 1234 Other	
L		d Quantities	
Ci	urb. Gutter & Sidewalk Lineal Feet	Sidewalk Crossing Drain Each	
	urb & Gutter Lineal Feet	Storm Drain Inlet Each	
	dewalk Lineal Feet	Asphalt Pavement Square Yards	
~	riveway Section Square Yards	Concrete Pavement Square Yards	
Di	rain Pan Lineal Feet	0ther	
£	xcavation Volume Cubic Yards	Type of Backfill	
Requirements (To Be Completed By City) Testing Requirements **			
Ye	es No		
] [] Performance Guaranty	Backfill Compaction Test(s) AASHTO T-99 Roadbase Compaction Test(s) AASHTO T-180	
] [] Traffic Control Plan	Bituminous Pavement Compaction Test(s) AASHTO T-230	
] [] Pedestrian Safety Plan		
Inspection of Concrete Forms & Base Concrete Slump/Air Test(s) AASHTO T-119, T-152			
] [] Inspection of Facilities Prior to Back-Fill] [] Inspection of Subgrade After Back-Fill	Concrete Compressive Strength AASHTO T-22, T-23	
	Final Inspection Upon Completion of Work	U other resting:	
	Community Development Department Approval *		
Community Development Department Approval Image: Community Development Department De			
[] [] End of day surface restoration required. (Surfacing material to be used)			
	Community Development Department approval required for new or chan	red access to all streets except residential.	
	community bevelopment bepartment approval required for new of small	horatory Frequency of testing shall be in accordance with city specifications	
•• /	All compliance testing shall be performed by a qualified independent la		
۲۰۰ ار مر	All compliance testing shall be performed by a qualified independent le n accepting this permit the undersigned, representing the Permittee, erifies that he has read and understands all the provisions and		
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