

FEE \$	<u>10⁰⁰</u>
TCP \$	<u>0</u>

BLDG PERMIT NO. <u>57924</u>

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Grand Junction Community Development Department

5050-1130-01-



THIS SECTION TO BE COMPLETED BY APPLICANT

BLDG ADDRESS <u>318 E. Dakota Dr.</u>	TAX SCHEDULE NO. <u>2945-193-08-004</u>
SUBDIVISION <u>Monument Valley</u>	SQ. FT. OF PROPOSED BLDG(S)/ADDITION <u>3400</u>
FILING <u>5</u> BLK <u>2</u> LOT <u>4</u>	SQ. FT. OF EXISTING BLDG(S) _____
(1) OWNER <u>COHEN</u>	NO. OF DWELLING UNITS BEFORE: <u>0</u> AFTER: <u>1</u> THIS CONSTRUCTION
(1) ADDRESS <u>318 E DAKOTA</u>	NO. OF BLDGS ON PARCEL BEFORE: <u>0</u> AFTER: <u>1</u> THIS CONSTRUCTION
(1) TELEPHONE <u>242-0407</u>	USE OF EXISTING BLDGS _____
(2) APPLICANT <u>KODIAK Custom Homes</u>	DESCRIPTION OF WORK AND INTENDED USE: _____
(2) ADDRESS <u>2449 H ROAD</u>	
(2) TELEPHONE <u>242-0407</u>	<u>NEW HOME</u>

REQUIRED: Two (2) plot plans, on 8 1/2" x 11" paper, showing all existing and proposed structure location(s), parking, setbacks to all property lines, ingress/egress to the property, and all easements and rights-of-way which abut the parcel.

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE <u>PR 1.6</u>	Maximum coverage of lot by structures _____
SETBACKS: Front <u>40</u> from property line (PL) or _____ from center of ROW, whichever is greater	Parking Req'mt _____
Side <u>35'</u> from PL Rear <u>35'</u> from PL	Special Conditions _____
Maximum Height _____	CENSUS TRACT _____ TRAFFIC ZONE _____

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 [Signature] Date 9-15-96

Department Approval [Signature] Date 10/21/96

Additional water and/or sewer tap fee(s) are required: YES NO W/O No. 9597

Utility Accounting [Signature] Date 10-21-96

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

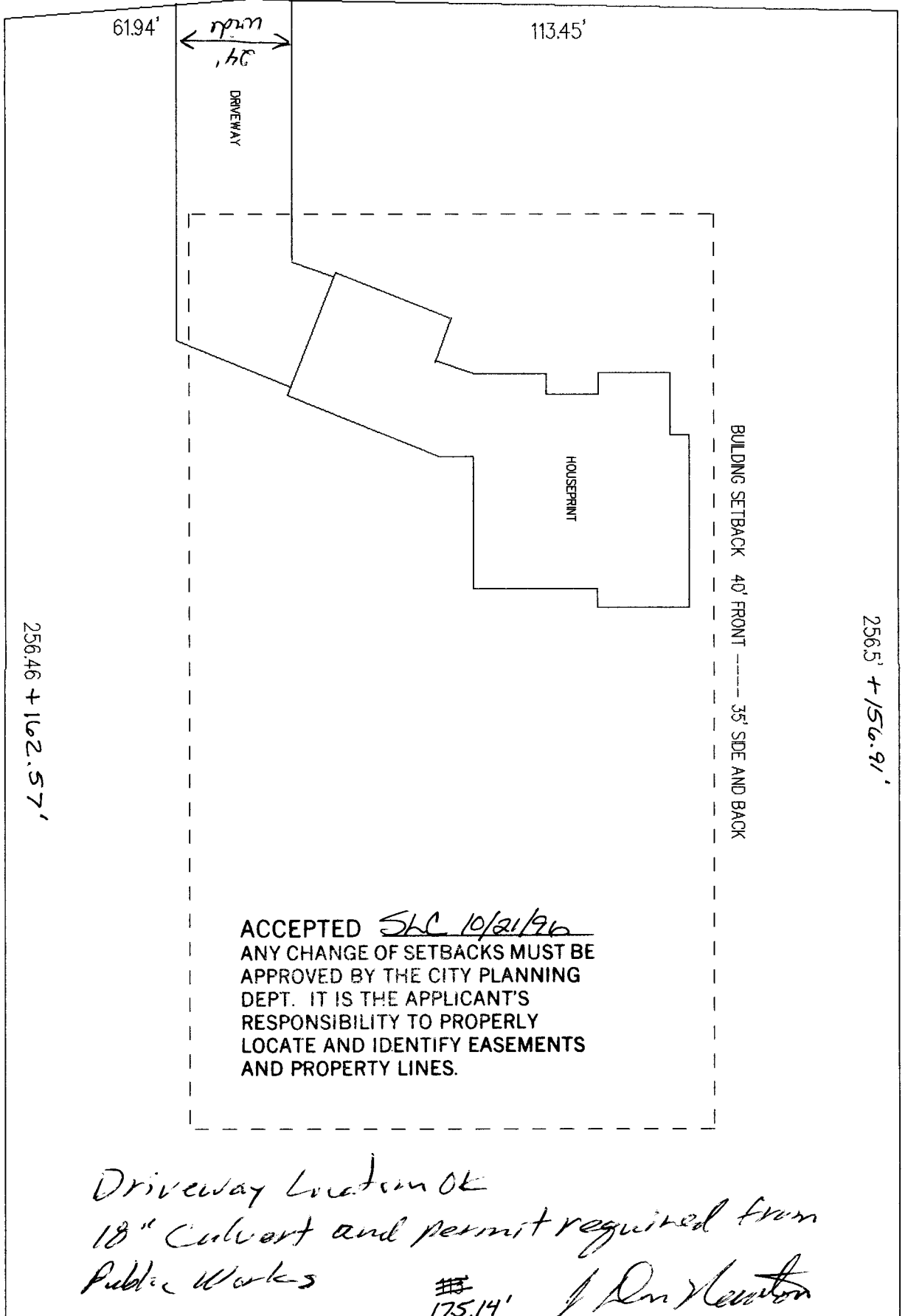
(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

Front

318 EAST DAKOTA DRIVE

MONUMENT VALLEY FILING #5

COHEN RESIDENCE



BLOCK 2, LOT 4

Driveway Location OK
 18" Culvert and permit required from
 Public Works

175.14' / Dan Newton
 10-15-96

PERMIT FOR ACCESS OR SURFACE ALTERATION WITHIN PUBLIC RIGHT OF WAY

Copy Distribution
 White-Contractor
 Canary-Office File
 en-Inspector
 -Street Supt.

CITY OF GRAND JUNCTION
 250 North Fifth Street
 Grand Junction, CO 81501

Department of Public Works
 Engineering Division
 Phone (970) 244-1555
 Fax (970) 244-1599

4596

Application For: Access Surface Alteration

Company THE COLOR CREW, INC dba KODIAK Custom Homes

Concrete Curbing/Sidewalk License No. N/A

Address 2449 H ROAD

City GRAND JCT State CO Zip Code 81505

Application Date 10-16-96

Date Work to Begin 10-17-96

Anticipated Completion Date 11-30-96

Job Address or Location 318 F DAKOTA

Responsible Charge

In accepting this permit the undersigned, representing the Permittee, verifies that he has read and understands all the provisions and requirements of this permit; that he has authority to sign for and bind the Permittee; and by virtue of his signature the Permittee is bound by and agrees to comply with all City ordinances, standards and specifications regulating construction.

KODIAK Custom Homes
BUDDY BAIR 434-5131
 Responsible Construction Supervisor Phone No.

PAT BAIR 242-0407
 Alternate Responsible Person Phone No.

PAT BAIR 242-0407
 After Working Hours Contact Phone No.

Type of Performance/Warranty Guarantee _____

In the amount of _____

Type of Work				If Utility Work					
1 Remove Existing		2 Repair Existing		3 Replace Existing		4 New Installation			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Estimated Quantities

Curb, Gutter & Sidewalk <u>0</u>	Lineal Feet	Sidewalk Crossing Drain <u>0</u>	Each
Drain Pan <u>0</u>	Lineal Feet	Storm Drain Inlet _____	Each
Excavation Volume <u>0</u>	Cubic Yards	Asphalt Pavement _____	Square Yards
		Concrete Pavement _____	Square Yards
		Other _____	
		Type of Backfill <u>NATIVE</u>	

Requirements

(To Be Completed By City)

Testing Requirements *

- Yes No
- Performance Guaranty
 - Traffic Control Plan
 - Pedestrian Safety Plan
 - Inspection of Concrete Forms & Base
 - Inspection of Facilities Prior to Back-Fill
 - Inspection of Subgrade After Back-Fill
 - Final Inspection Upon Completion of Work
 - Community Development Department Approval *
 - End of day surface restoration required. (Surfacing material to be used _____)

- Backfill Compaction Test(s) AASHTO T-99
- Roadbase Compaction Test(s) AASHTO T-180
- Bituminous Pavement Compaction Test(s) AASHTO T-230
- Concrete Slump/Air Test(s) AASHTO T-119, T-152
- Concrete Compressive Strength AASHTO T-22, T-23
- Other Testing: _____

* All compliance testing shall be performed by a qualified independent laboratory. Frequency of testing shall be in accordance with city specifications.

(Water Conservancy Districts Exempt)

	Permit Fee
Curbing/Sidewalk/Driveway Permit (\$60)	\$ <u>60.00</u>
Pavement Cut/Excavation Permit (\$60)	\$ _____
Plus \$0.10 per linear foot of trench over 100' in length	\$ _____
Other	\$ _____
Contractor Permit Fees	\$ <u>60.00</u>
Contractor <u>Pat Bair</u>	

Preconstruction Inspection by: _____ Date _____
Patrick J. McHenry 10/21/96
 Public Works Permit Approval by: _____ Date _____

Final Inspection by: _____ Date _____

Surface Alteration Permit Valid For 6 Months From Date Issued