

FEE \$	1000
TCP \$	0

BLDG PERMIT NO. 58358

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

THIS SECTION TO BE COMPLETED BY APPLICANT

BLDG ADDRESS 316 DAKOTA DR. TAX SCHEDULE NO. 2945-193-07-005
 SUBDIVISION MONUMENT VALLEY #5 SQ. FT. OF PROPOSED BLDG(S)/ADDITION 2,200
 FILING 5 BLK 1 LOT 5 SQ. FT. OF EXISTING BLDG(S) 0
 (1) OWNER LORRIE DOCKINS, Dan Wollman NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS _____
 (1) TELEPHONE 250-5342 NO. OF BLDGS ON PARCEL
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT RAY DAVIS USE OF EXISTING BLDGS N/A.
 (2) ADDRESS 3761 Nth 15th CT. DESCRIPTION OF WORK AND INTENDED USE: _____
 (2) TELEPHONE 260-1964 NEW CONST - RES.

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 about the parcel.

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE PR1.6 Maximum coverage of lot by structures _____
 SETBACKS: Front 40' from property line (PL) Parking Req'mt _____
 or _____ from center of ROW, whichever is greater
 Side 35' from PL Rear 35' from PL Special Conditions _____
 Maximum Height _____
 CENSUS TRACT 1401 TRAFFIC ZONE 64

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 Ray Davis Date 11-22-96
 Department Approval Santa Costello Date 12-2-96

Additional water and/or sewer tap fee(s) are required: YES NO _____ W/O No. 9698
 Utility Accounting Tracy Shupe Date 12/2/96

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)



TRUS JOIST CORPORATION

a division of TJ International

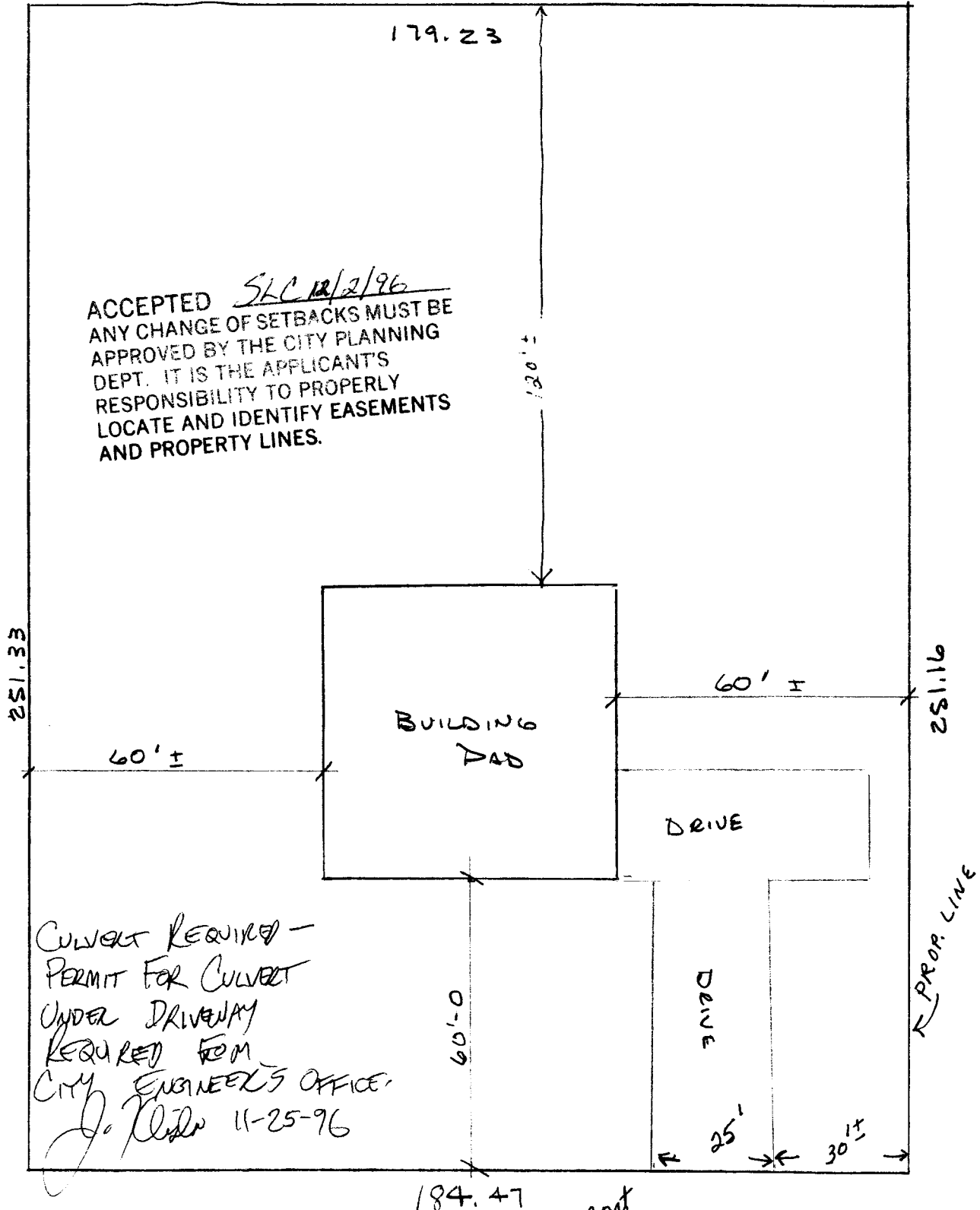
Pacific Inland Operations • Western Slope Sales Office

201 Centennial Street • Suite 107-G • Glenwood Springs, Colorado 81601

303/945-5763

David Sack

Technical Representative



CULVERT REQUIRED -
 PERMIT FOR CULVERT
 UNDER DRIVEWAY
 REQUIRED FROM
 CITY ENGINEER'S OFFICE.
 J. K. [Signature] 11-25-96

JOB NAME: DOCKINS / WORKMAN JOB # _____

LOCATION: 316 DAKOTA DR. SHEET _____ OF _____

SALESMAN: FILING 5 BLK 1 LOTS MONUMENT VALLEY # 5 BY _____ DATE _____

PERMIT FOR ACCESS OR SURFACE ALTERATION WITHIN PUBLIC RIGHT OF WAY

Copy Distribution

White-Contractor
 Canary-Office File
 Green-Inspector
 Blue-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

4638

Application For: Access Surface Alteration

Company NEW DIMENSIONS

Concrete Curbing/Sidewalk License No. _____

Address 3761 Nth 15 CT.

City G.J State COLO Zip Code 81506

Application Date 11-25-96

Date Work to Begin DEC 2ND

Anticipated Completion Date DEC. 2ND

Job Address or Location 316 E DAKOTA AVE

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.

Ray Davis 260-1964
 Responsible Construction Supervisor Phone No.

Alternate Responsible Person Phone No.
Ray Davis 243-6645
 After Working Hours Contact Phone No.

Type of Performance/Warranty Guarantee _____

In the amount of _____

Type of Work	1 Remove Existing	2 Repair Existing	3 Replace Existing	4 New Installation	If Utility Work
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Irrigation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driveway	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Underground Power	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Main Line	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Storm Sewer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Curb & Gutter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Telephone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Service Line	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sidewalk	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cable T.V.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____		

Estimated Quantities

Curb, Gutter & Sidewalk _____	Lineal Feet	Sidewalk Crossing Drain _____	Each
Curb & Gutter _____	Lineal Feet	Storm Drain Inlet _____	Each
Sidewalk _____	Lineal Feet	Asphalt Pavement _____	Square Yards
Driveway Section _____	Square Yards	Concrete Pavement _____	Square Yards
Drain Pan _____	Lineal Feet	Other <u>12" RAIN CULVERT</u>	
Excavation Volume _____	Cubic Yards	Type of Backfill <u>COMPACTED ROAD BASE</u>	

Requirements

(To Be Completed By City)

Testing Requirements *

- | | |
|---|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Performance Guaranty</p> <p><input type="checkbox"/> <input type="checkbox"/> Traffic Control Plan</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedestrian Safety Plan</p> <p><input type="checkbox"/> <input type="checkbox"/> Inspection of Concrete Forms & Base</p> <p><input type="checkbox"/> <input type="checkbox"/> Inspection of Facilities Prior to Back-Fill</p> <p><input type="checkbox"/> <input type="checkbox"/> Inspection of Subgrade After Back-Fill</p> <p><input type="checkbox"/> <input type="checkbox"/> Final Inspection Upon Completion of Work</p> <p><input type="checkbox"/> <input type="checkbox"/> Community Development Department Approval *</p> <p><input type="checkbox"/> <input type="checkbox"/> End of day surface restoration required. (Surfacing material to be used _____)</p> | <p><input type="checkbox"/> Backfill Compaction Test(s) AASHTO T-99</p> <p><input type="checkbox"/> Roadbase Compaction Test(s) AASHTO T-180</p> <p><input type="checkbox"/> Bituminous Pavement Compaction Test(s) AASHTO T-230</p> <p><input type="checkbox"/> Concrete Slump/Air Test(s) AASHTO T-119, T-152</p> <p><input type="checkbox"/> Concrete Compressive Strength AASHTO T-22, T-23</p> <p><input type="checkbox"/> Other Testing: _____</p> |
|---|--|

* 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)	\$ _____
Pavement Cut/Excavation Permit (\$60)	\$ _____
Plus \$0.10 per linear foot of trench over 100' in length	\$ _____
Other	\$ _____
Permit Fees	<u>NC</u>
Contractor <u>New Dimensions Ray Davis</u>	
Surface Alteration Permit Valid For 6 Months From Date Issued	

Preconstruction Inspection by: _____ Date _____
Don Newton 12-2-96
 Public Works Permit Approval by: _____ Date _____
 Final Inspection by: _____ Date _____