

FEE \$ 10⁻
TCP \$ 500⁻

BLDG PERMIT NO. 58587

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



THIS SECTION TO BE COMPLETED BY APPLICANT

BLDG ADDRESS 280 GARY DR. TAX SCHEDULE NO. 2945-261-09-003
SUBDIVISION LINDEN ACRES SQ. FT. OF PROPOSED BLDG(S)/ADDITION 1357
FILING - BLK - LOT 3 SQ. FT. OF EXISTING BLDG(S) NONE
(1) OWNER BOOKCLIFF BUILDERS, LTD. NO. OF DWELLING UNITS
BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
(1) ADDRESS 316 Cedar St.
NO. OF BLDGS ON PARCEL
(1) TELEPHONE 242-2212 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
(2) APPLICANT SAME USE OF EXISTING BLDGS NONE
(2) ADDRESS _____ DESCRIPTION OF WORK AND INTENDED USE: _____
(2) TELEPHONE _____ NEW SINGLE FAMILY RESIDENCE

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 RMF-16 Maximum coverage of lot by structures 50%
SETBACKS: Front 20' from property line (PL) Parking Req'mt _____
or 45' from center of ROW, whichever is greater Special Conditions _____
Side 10' from PL Rear 20' from PL
Maximum Height 36'
CENSUS TRACT 13 TRAFFIC ZONE 80

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 12-24-96
Department Approval Konnie Edwards Date 12-27-96

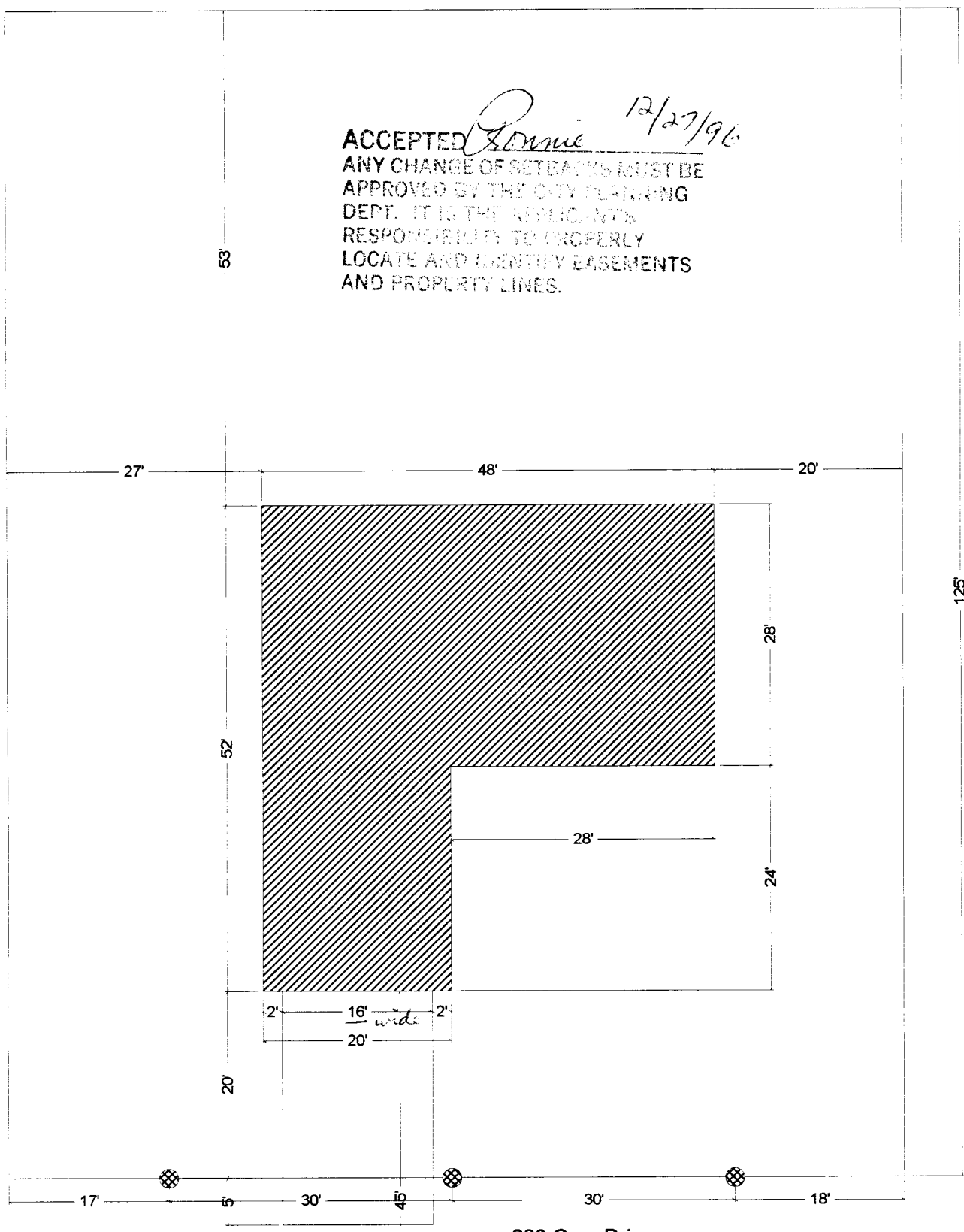
Additional water and/or sewer tap fee(s) are required: YES _____ NO _____ W/O No. 9776

Utility Accounting Catherine Nobles Date 12/27/96

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)

ACCEPTED *Ronnie* 12/27/96
 ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.



280 Gary Drive

⊗ = Existing Trees

Middle of Right of Way

DRIVEWAY PERMIT
 REQUIRED FROM PW.
J. Black 12-26-96

PERMIT FOR ACCESS OR SURFACE ALTERATION WITHIN PUBLIC RIGHT OF WAY

Copy Distribution
 White-Contractor
 Canary-Office File
 Green-Inspector
 Pink-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

4643

Application For: Access Surface Alteration

Company BOOKCLIFF BUILDERS, LTD.

Concrete Curbing/Sidewalk License No. _____

Address 316 Cedar St.

City G-J State CO Zip Code 81503

Application Date 12-24-96

Date Work to Begin 1-2-96

Anticipated Completion Date 1-2-96

Job Address or Location 280 Gary Dr.

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.

RANDY COOK 242-2212
 Responsible Construction Supervisor Phone No.

DAVE COOK 242-2212
 Alternate Responsible Person Phone No.

After Working Hours Contact _____ Phone No. _____

Type of Performance/Warranty Guarantee _____

In the amount of _____

Type of Work

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

Estimated Quantities:

Curb, Gutter & Sidewalk NONE Lineal Feet

Sidewalk Crossing Drain _____ Each

Curb & Gutter NONE Lineal Feet

Storm Drain Inlet _____ Each

Sidewalk NONE Lineal Feet

Asphalt Pavement _____ Square Yards

Driveway Section _____ Square Yards

Concrete Pavement _____ Square Yards

Drain Pan _____ Lineal Feet

Other _____

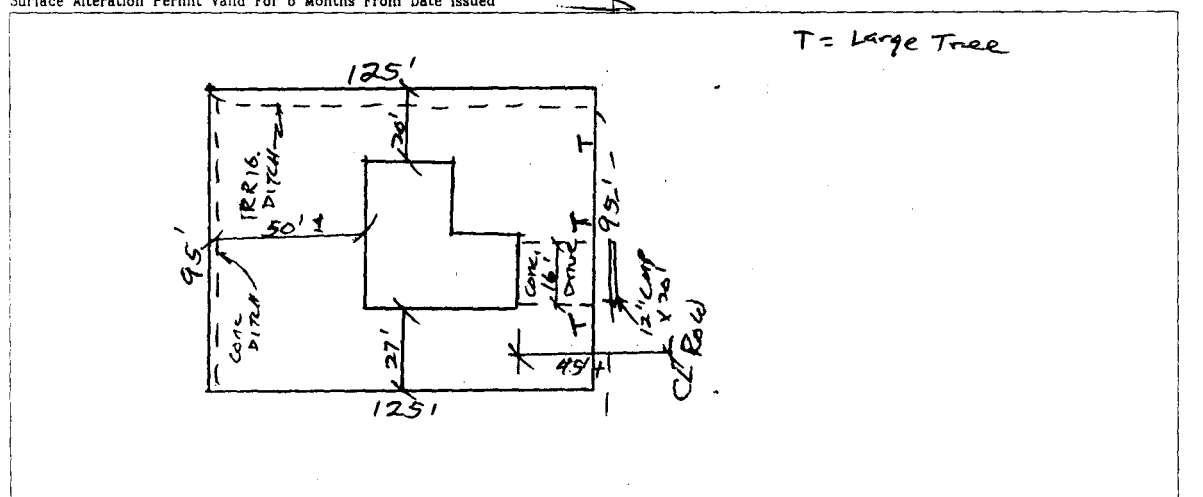
Excavation Volume NONE Cubic Yards

Type of Backfill native

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

<p style="text-align: center;">Permit Fee</p> <p>Curbing/Sidewalk/Driveway Permit (\$60) _____</p> <p>Pavement Cut/Excavation Permit (\$60) _____</p> <p>Plus \$0.10 per linear foot of trench over 100' in length _____</p> <p>Other _____</p> <p>Total Permit Fees _____</p> <p>Contractor _____</p>	<p>Preconstruction Inspection by: <u>Walt Hoyt</u> Date <u>12-27-96</u></p> <p>Public Works Permit Approval by: _____ Date _____</p> <p>Final Inspection by: _____ Date _____</p>
--	---



The above space is provided for a sketch of the proposed installation. (see additional provisions and requirements on reverse side)