

FEE \$	N/C
TCP \$	—
SIF \$	—



BLDG PERMIT NO. 60904

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

2005-0140-04-3



BLDG ADDRESS 457 N. 19th TAX SCHEDULE NO. 2945-132-16-004
 SUBDIVISION Slocombs SQ. FT. OF PROPOSED BLDG(S)/ADDITION none
 FILING 4 BLK 4 LOT 26, 27, 1/2 of 28 SQ. FT. OF EXISTING BLDG(S) 1200 #
 (1) OWNER Clay & Tammie Binkley NO. OF DWELLING UNITS
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 457 N. 19th St.
 (1) TELEPHONE 245-5997 NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT Same USE OF EXISTING BLDGS Home
 (2) ADDRESS _____ DESCRIPTION OF WORK AND INTENDED USE:
 (2) TELEPHONE _____ Residential Interior Remodel

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

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE RSF-8 Maximum coverage of lot by structures 45%
 SETBACKS: Front 20' from property line (PL) Parking Req'mt —
 or 45' from center of ROW, whichever is greater
 Side 5' from PL Rear 15' from PL Special Conditions Interior Only
 Maximum Height 32'
 CENSUS 7 TRAFFIC 38 ANNEX# _____

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 Tammie Binkley Date 6-23-97
 Department Approval Ronnie Edwards Date 6-23-97

Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. No Change in use
 Utility Accounting Chad Cole Date 6/23/97

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)