

FEE \$	5 ⁰⁰
TCP \$	0
SIF \$	0



BLDG PERMIT NO. 161412

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department



BLDG ADDRESS 2860 Aviator Way TAX SCHEDULE NO. 2705-312-00-941
 SUBDIVISION _____ SQ. FT. OF PROPOSED BLDG(S)/ADDITION _____
 FILING _____ BLK _____ LOT _____ SQ. FT. OF EXISTING BLDG(S) _____
 (1) OWNER Weststar Aviation NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 0 THIS CONSTRUCTION
 (1) ADDRESS 796 Heritage Way
 (1) TELEPHONE 243-7500 NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT Greensleeves Home Improv USE OF EXISTING BLDGS Manufacturing
 (2) ADDRESS 471 Grand Valley Dr. DESCRIPTION OF WORK AND INTENDED USE: Change
 (2) TELEPHONE 434-1958 of occupancy. Fire walls, Doors Exit.

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 PAD Maximum coverage of lot by structures _____
 SETBACKS: Front _____ from property line (PL)
 or _____ from center of ROW, whichever is greater Parking Req'mt _____
 Side _____ from PL Rear _____ from PL Special Conditions Interior Remodel
 Maximum Height _____ No Change in Use
 CENSUS 16 TRAFFIC 14 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 [Signature] Date 8/1/97
 Department Approval [Signature] Date 8/1/97

Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. _____
 Utility Accounting [Signature] Date 8-1-97

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)