

FEE \$ 10-
TCP \$ -0-

BLDG PERMIT NO. 59593

SIF -0-

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



5030-1020-

THIS SECTION TO BE COMPLETED BY APPLICANT

BLDG ADDRESS 301 E Dakota TAX SCHEDULE NO. 2945-302-07-037
SUBDIVISION Monument Valley SQ. FT. OF PROPOSED BLDG(S)/ADDITION 5332
FILING 5 BLK 1 LOT 37 SQ. FT. OF EXISTING BLDG(S) 0
(1) OWNER William + Jeanne Kilgore NO. OF DWELLING UNITS
BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
(1) ADDRESS 2148 Broadway-C3
(1) TELEPHONE 242-3660 NO. OF BLDGS ON PARCEL
BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
(2) APPLICANT Constructors West, Inc USE OF EXISTING BLDGS residential
(2) ADDRESS 2818 1/2 North Ave DESCRIPTION OF WORK AND INTENDED USE:
(2) TELEPHONE 241-5457 New 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 PR-1.6 Maximum coverage of lot by structures _____
SETBACKS: Front 40' from property line (PL) Parking Req'mt 2
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 96

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).

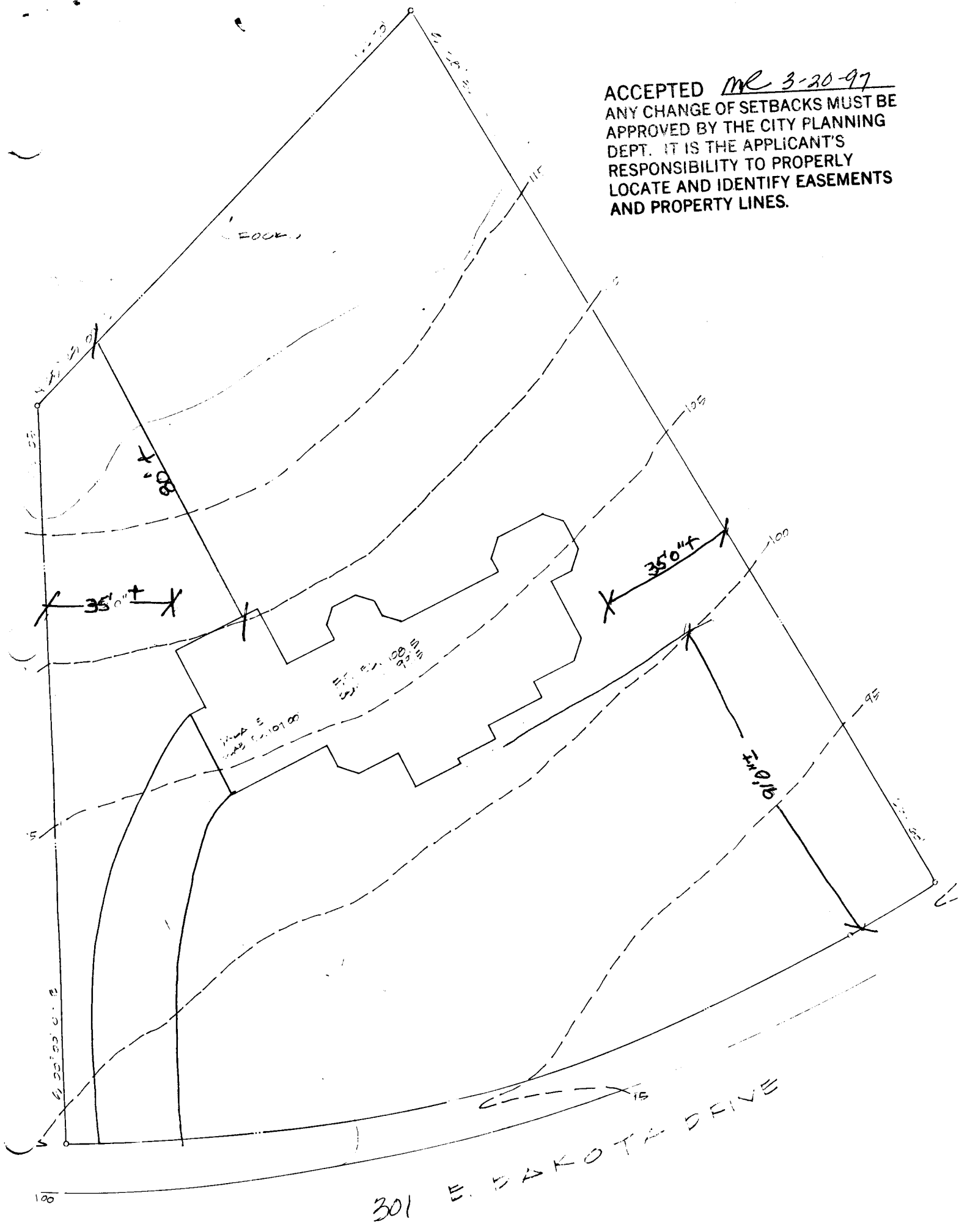
Applicant Signature [Signature] Date 3-18-97
Department Approval [Signature] Date 3-20-97

Additional water and/or sewer tap fee(s) are required: YES NO W/O No. 9996
Utility Accounting [Signature] Date 3-20-97

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)

ACCEPTED MR 3-20-97
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.



SITE PLAN

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

4810

Application For: Access Surface Alteration
 Company Constructors West, Inc
 Concrete Curbing/Sidewalk License No. 2970405
 Address 3001 E. Dakota Dr, North Ave 2818 1/2
 City Grand Jct State CO Zip Code 81501
 Application Date 3/20/97
 Date Work to Begin 3/24/97
 Anticipated Completion Date 8/24/97
 Job Address or Location 301 E 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.
Dennis Phillips 244-8149
 Responsible Construction Supervisor Phone No.
Bruce Milyard office 241-5457
 Alternate Responsible Person Phone No.
 After Working Hours Contact cell 260-0376 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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Sanitary Sewer	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Irrigation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Driveway	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Underground Power	<input type="checkbox"/> Main Line
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Storm Sewer	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Curb & Gutter	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Telephone	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Gas	<input type="checkbox"/> Service Line
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Water	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Sidewalk	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Cable T.V.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Other <u>Culvert</u>	

Estimated Quantities

Curb, Gutter & Sidewalk <u>N/A</u> Lineal Feet	Sidewalk Crossing Drain _____ Each
Curb & Gutter <u>N/A</u> 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 _____
Excavation Volume _____ Cubic Yards	Type of Backfill _____

Requirements

(To Be Completed By City)

Testing Requirements *

<p>Yes No</p> <input type="checkbox"/> <input type="checkbox"/> Performance Guaranty <input type="checkbox"/> <input type="checkbox"/> Traffic Control Plan <input type="checkbox"/> <input type="checkbox"/> Pedestrian Safety Plan <input type="checkbox"/> <input type="checkbox"/> Inspection of Concrete Forms & Base <input type="checkbox"/> <input type="checkbox"/> Inspection of Facilities Prior to Back-Fill <input type="checkbox"/> <input type="checkbox"/> Inspection of Subgrade After Back-Fill <input type="checkbox"/> <input type="checkbox"/> Final Inspection Upon Completion of Work <input type="checkbox"/> <input type="checkbox"/> Community Development Department Approval * <input type="checkbox"/> <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: _____
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* 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	\$ <u>N/C</u>
Other	\$ _____
Total Permit Fees	\$ _____
Contractor <u>Cathy VanCauwenbergh</u>	
Surface Alteration Permit Valid For 6 Months From Date Issued	

Preconstruction Inspection by: Walt Hoyt SKW Date 3/29/97
 Public Works Permit Approval by: _____ Date _____
 Final Inspection by: _____ Date _____

18" in diameter culvert
 extend culvert 5' on each side of driveway
 or lab 244-1577
 Walt Hoyt
 260-0184