

FEE \$	10 ⁰⁰
TCP \$	500 ⁰⁰
SIF \$	0



BLDG PERMIT NO. 60662

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

BLDG ADDRESS 313 DAKOTA CT TAX SCHEDULE NO. 2945 193 04 008
 SUBDIVISION MONUMENT VALLEY SQ. FT. OF PROPOSED BLDG(S)/ADDITION _____
 FILING 4 BLK 3 LOT 7 SQ. FT. OF EXISTING BLDG(S) _____
 (1) OWNER DOMINIC ROMERO NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 2843 OXFORD AVE NO. OF BLDGS ON PARCEL
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) TELEPHONE 242 1619 USE OF EXISTING BLDGS _____
 (2) APPLICANT GREG DUFF DESCRIPTION OF WORK AND INTENDED USE: CONSTRUCTION
 (2) ADDRESS 2099 K RD OF SINGLE FAMILY HOME
 (2) TELEPHONE 243 6293

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 PR-1.6 Maximum coverage of lot by structures _____
 SETBACKS: Front 50' from property line (PL) Parking Req'mt 2
 or _____ from center of ROW, whichever is greater
 Side 40' from PL Rear 40' from PL Special Conditions _____
 Maximum Height _____ CENSUS 1401 TRAFFIC 64 ANN# _____

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).

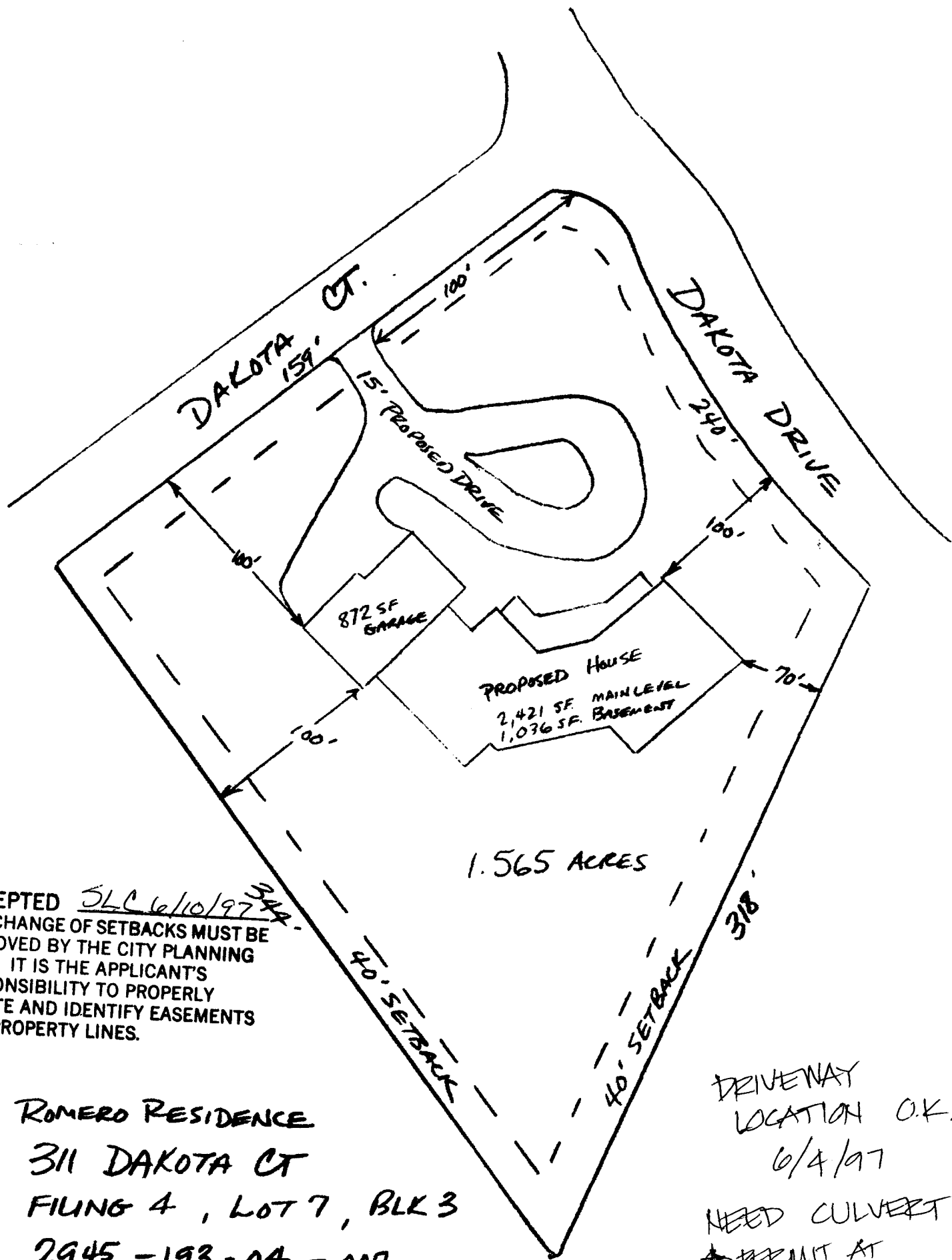
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature Gregory Blaylock Date 6/3/97
 Department Approval Antonia Castella Date 6/10/97

Additional water and/or sewer tap fee(s) are required: YES NO _____ W/O No. 10252
 Utility Accounting Gregory Blaylock Date 6/10/97

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)

008



ACCEPTED SLC 6/10/97 ^{WVA}
 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.

ROMERO RESIDENCE
 311 DAKOTA CT
 FILING 4, LOT 7, BLK 3
 2945-193-04-007

DRIVENWAY
 LOCATION O.K.
 6/4/97
 NEED CULVERT
 PERMIT AT
 ENGINEERING
 DEPT.

PERMIT FOR ACCESS OR SURFACE ALTERATION WITHIN PUBLIC RIGHT OF WAY

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

4946

Application For: Access Surface Alteration

Company AMERICAN PROPERTIES

Concrete Curbing/Sidewalk License No. 2970053

Address 2099 K RD

City FRUITA State CO Zip Code 81521

Application Date 6/3/97

Date Work to Begin 6/12/97

Anticipated Completion Date 10/20/97

Job Address or Location 311 DAKOTA CT

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.

GREG DUFF 243 6293
 Responsible Construction Supervisor Phone No.

Alternate Responsible Person _____ Phone No. _____

After Working Hours Contact 858-1490 Phone No. 5

Type of Performance/Warranty Guarantee GENERAL BOND

In the amount of _____

Type of Work 1 Remove Existing 2 Repair Existing 3 Replace Existing 4 New Installation

1 Sanitary Sewer 1 Irrigation 1 Driveway 1 Underground Power If Utility Work

2 Storm Sewer 2 Curb & Gutter 2 Telephone 2 Gas Main Line

3 Water 3 Sidewalk 3 Cable T.V. 3 Other _____ Service Line

Estimated Quantities

Curb, Gutter & Sidewalk 0 Lineal Feet

Curb & Gutter 0 Lineal Feet

Sidewalk 0 Lineal Feet

Driveway Section 0 Square Yards

Drain Pan 0 Lineal Feet

Excavation Volume 0 Cubic Yards

Sidewalk Crossing Drain 0 Each

Storm Drain Inlet 0 Each

Asphalt Pavement 0 Square Yards

Concrete Pavement 0 Square Yards

Other INSTALL 15" CULVERT / GRAVEL

Type of Backfill NATIVE RED SAND

DRIVEWAY

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 checked="" 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)

	Permit Fee
Curbing/Sidewalk/Driveway Permit (\$60)	\$ _____
Pavement Cut/Excavation Permit (\$60)	\$ <u>60.00</u>
Plus \$0.10 per linear foot of trench over 100' in length	\$ _____
Other	\$ _____
! Permit Fees	\$ <u>60.00</u>
Contractor <u>Green Sluff</u>	

Preconstruction Inspection by: _____ Date _____

Greg Sluff 6/25/97
 Public Works Permit Approver Date

Final Inspection by: _____ Date _____

Surface Alteration Permit Valid For 6 Months From Date Issued

