

FEE \$	10 <sup>00</sup>
TCP \$	500 <sup>00</sup>
SIF \$	0



BLDG PERMIT NO. 59674

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

BLDG ADDRESS 2642 H RD. TAX SCHEDULE NO. 2701-263-01-008  
 SUBDIVISION Lewis SQ. FT. OF PROPOSED BLDG(S)/ADDITION 3750  
 FILING 1 BLK 1 LOT 3 & 4 SQ. FT. OF EXISTING BLDG(S) 0  
 (1) OWNER WAYNE CLARK NO. OF DWELLING UNITS  
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION  
 (1) ADDRESS SAME  
 (1) TELEPHONE 256-9059 NO. OF BLDGS ON PARCEL  
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION  
 (2) APPLICANT GARY DE RUSH USE OF EXISTING BLDGS Home  
 (2) ADDRESS 609 MEDNER DR. DESCRIPTION OF WORK AND INTENDED USE:  
 (2) TELEPHONE 260-0057 NEW HOME

**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-4 Maximum coverage of lot by structures 35%  
 SETBACKS: Front 20' from property line (PL) Parking Req'mt 2  
 or 45' from center of ROW, whichever is greater  
 Side 7' from PL Rear 30' from PL Special Conditions \_\_\_\_\_  
 Maximum Height 32' CENSUS 16 TRAFFIC 13 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).

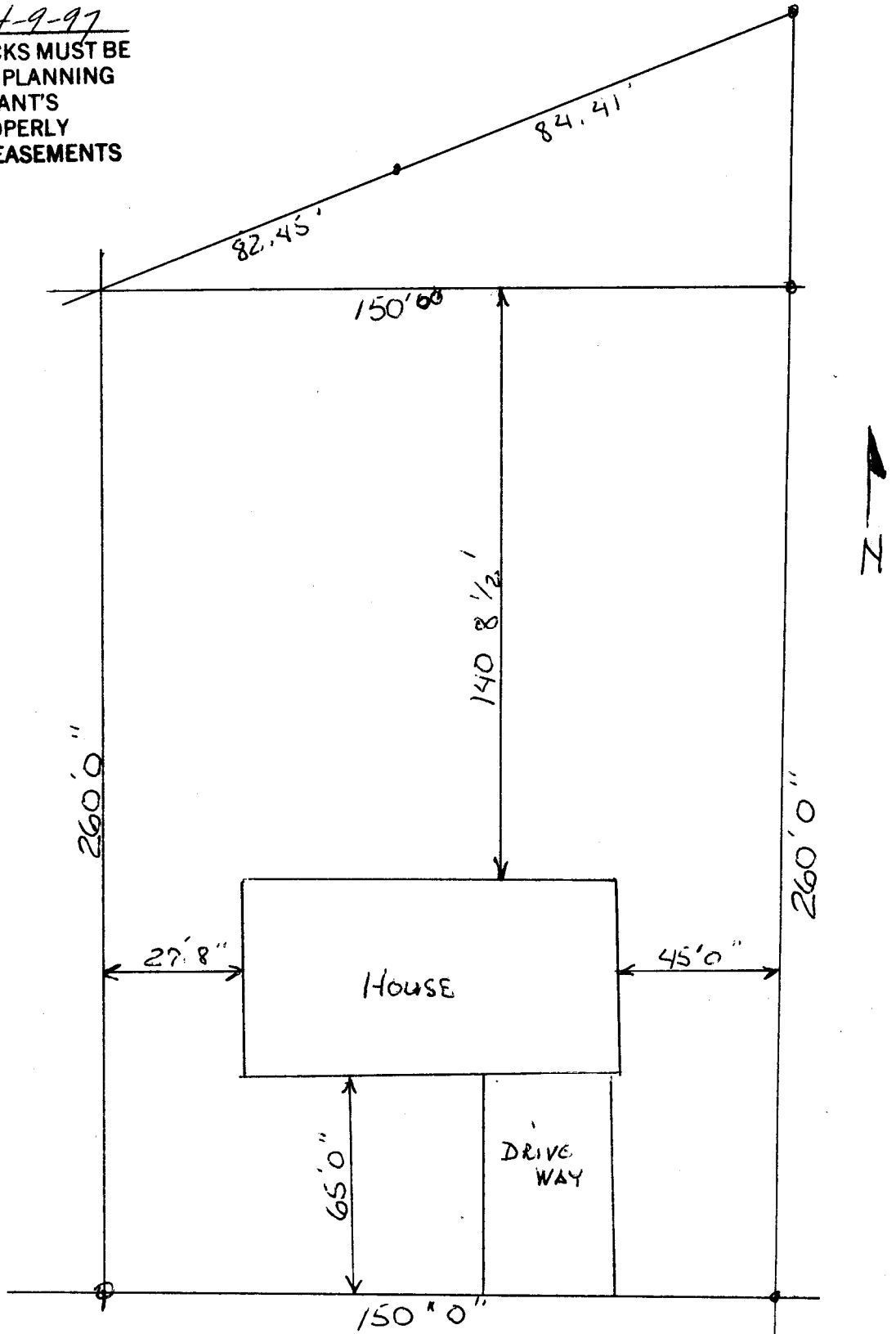
Applicant Signature Gary D. DeRush Date 4/2/97  
 Department Approval Marcia Robideaux Date 4-9-97

Additional water and/or sewer tap fee(s) are required YES  NO  W/O No. 10081  
 Utility Accounting Charles Dow Date 4-9-97

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 4-9-97  
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.



PERMIT REQUIRED - NEEDS CULVERT  
MIN 15"  $\phi$  TO CITY SPEC  
Kerrie Ashbeck  
4/3/97

2642 H Road

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

4814

Application For:  Access  Surface Alteration

Company \_\_\_\_\_

Concrete Curbing/Sidewalk License No. \_\_\_\_\_

Address 2642 H RD.

City GRAND JCT State CO. Zip Code 81506

Application Date 4/4/97

Date Work to Begin SOON

Anticipated Completion Date SAME

Job Address or Location SAME

**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.

GARY DeRUSH 2600057  
 Responsible Construction Supervisor Phone No.

WAYNE CLARK 256-9059  
 Alternate Responsible Person Phone No.

After Working Hours Contact \_\_\_\_\_ 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 checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Sanitary Sewer	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Irrigation	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Driveway	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Underground Power	<input type="checkbox"/> Main Line
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Storm Sewer	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Curb & Gutter	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Telephone	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Gas	<input type="checkbox"/> Service Line
<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Water	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Sidewalk	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Cable T.V.	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Other _____	

**Estimated Quantities**

Curb, Gutter & Sidewalk <u>NONE</u> Lineal Feet	Sidewalk Crossing Drain _____ Each
Curb & Gutter <u>"</u> Lineal Feet	Storm Drain Inlet _____ Each
Sidewalk <u>"</u> Lineal Feet	Asphalt Pavement _____ Square Yards
Driveway Section <u>"</u> Square Yards	Concrete Pavement _____ Square Yards
Pan <u>"</u> Lineal Feet	Other _____
Excavation Volume <u>"</u> Cubic Yards	Type of Backfill _____

<b>Requirements</b>	(To Be Completed By City)	<b>Testing Requirements *</b>
Yes No <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 checked="" 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: _____

\* 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	\$ _____
Other	\$ _____
Total Permit Fees	\$ <u>N.C.</u>
Contractor <u>Gary D. DeRush</u>	

Sur Alteration Permit Valid For 6 Months From Date Issued

Preconstruction Inspection by: \_\_\_\_\_ Date \_\_\_\_\_

Public Works Permit Approval by: [Signature] Date 4-9-97

Final Inspection by: \_\_\_\_\_ Date \_\_\_\_\_