

FEE \$	10 ⁰⁰
TCP \$	0
SIF \$	0



BLDG PERMIT NO. NA

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

nc

BLDG ADDRESS 1154 Micaela's Pl TAX SCHEDULE NO. 2945-234-12-009

SUBDIVISION Micaela's SQ. FT. OF PROPOSED BLDG(S)/ADDITION 8'x10'

FILING _____ BLK 1 LOT 9 SQ. FT. OF EXISTING BLDG(S) 1250

(1) OWNER Cathryn McCourt NO. OF DWELLING UNITS
BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS 1154 Micaela's Pl

(1) TELEPHONE 970-257-0902 NO. OF BLDGS ON PARCEL
BEFORE: 1 AFTER: 2 THIS CONSTRUCTION

(2) APPLICANT Cathryn McCourt USE OF EXISTING BLDGS Home

(2) ADDRESS Same DESCRIPTION OF WORK AND INTENDED USE: _____

(2) TELEPHONE Same Storage Shed

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-4 Maximum coverage of lot by structures _____

SETBACKS: Front 20' from property line (PL) Parking Req'mt 2
or _____ from center of ROW, whichever is greater

Side 5' from PL Rear 15' from PL Special Conditions _____

Maximum Height —

CENSUS 13 TRAFFIC 80 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 Cathryn McCourt Date 10-15-97

Department Approval Antonia Costello Date 10-15-97

Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. TR 660682497

Utility Accounting Richardson Date 10-15-97

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)

