

FEE \$	10.00
TCP \$	—
SIF \$	—



BLDG PERMIT NO. 162118

**PLANNING CLEARANCE**

(Single Family Residential and Accessory Structures)

**Community Development Department**

BLDG ADDRESS 2207 RED CANYON CT, TAX SCHEDULE NO. 2945-193-07-018

SUBDIVISION MONUMENT VALLEY SQ. FT. OF PROPOSED BLDG(S)/ADDITION 2800

FILING 5 BLK 1 LOT 18 SQ. FT. OF EXISTING BLDG(S) —

(1) OWNER MAX F. SNEDDON NO. OF DWELLING UNITS BEFORE: 0 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS 261 COVENTRY CT #34

(1) TELEPHONE 245-4436 NO. OF BLDGS ON PARCEL BEFORE: 0 AFTER: 1 THIS CONSTRUCTION

(2) APPLICANT Same USE OF EXISTING BLDGS RESIDENTIAL

(2) ADDRESS \_\_\_\_\_ DESCRIPTION OF WORK AND INTENDED USE: SINGLE

(2) TELEPHONE \_\_\_\_\_ FAMILY RESIDENTIAL

**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 ~~W1~~ 1.1e Maximum coverage of lot by structures \_\_\_\_\_

SETBACKS: Front 40' from property line (PL) or \_\_\_\_\_ from center of ROW, whichever is greater Parking Req'mt 2

Side 35' from PL Rear 35' from PL Special Conditions \_\_\_\_\_

Maximum Height \_\_\_\_\_

CENSUS 1401 TRAFFIC 103 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 Max Sneddon Date 9/19/97

Department Approval Santa J. Costello Date 9/29/97

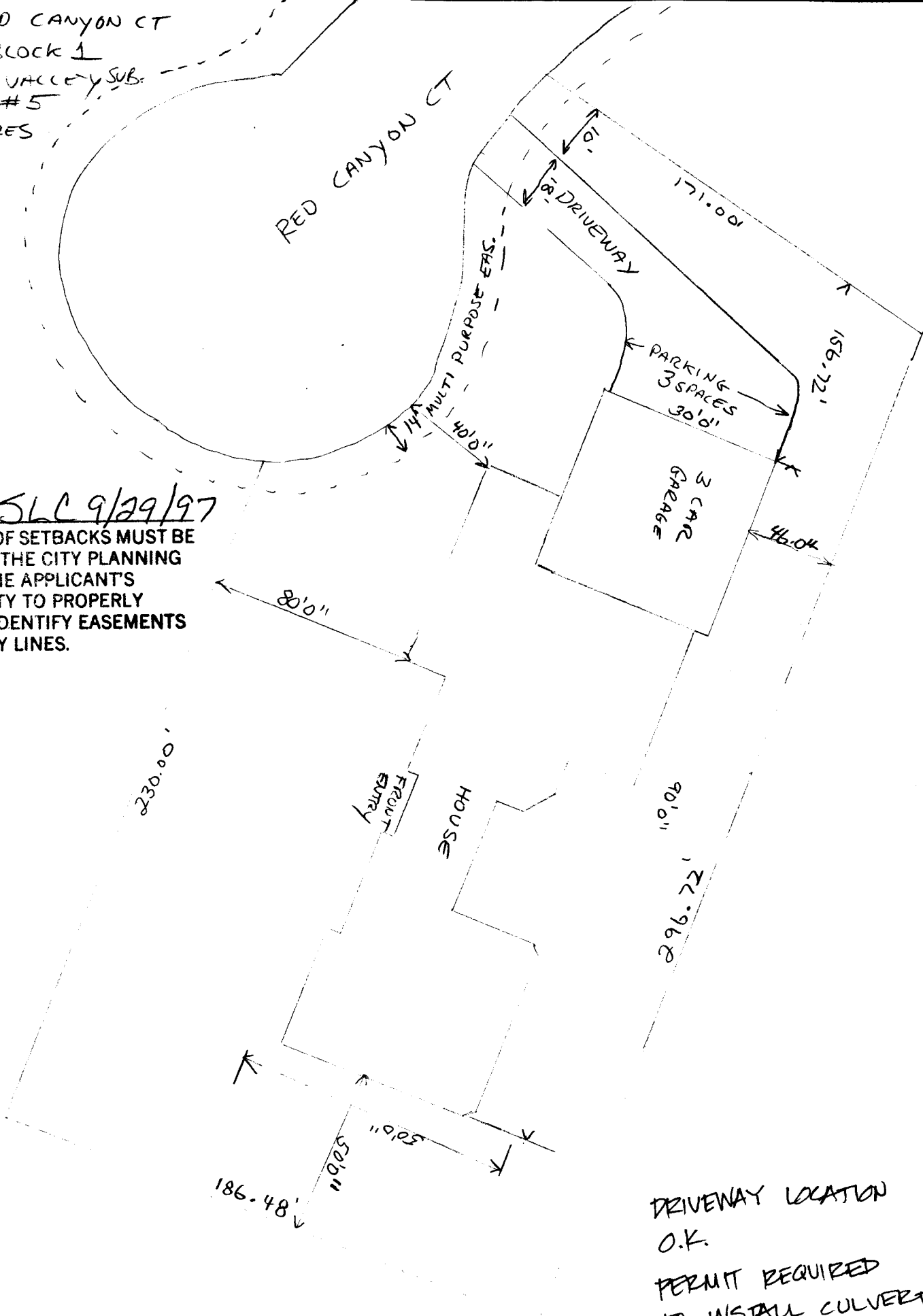
Additional water and/or sewer tap fee(s) are required: YES  NO \_\_\_\_\_ W/O No. 10567

Utility Accounting A. Leachman Date 9-29-97

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)

2267 RED CANYON CT  
LOT 18 BLOCK 1  
MONUMENT VALLEY SUB.  
FILING # 5  
1.36 ACRES  
2250 S.F.T.



ACCEPTED SLC 9/29/97  
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.

DRIVEWAY LOCATION  
O.K.  
PERMIT REQUIRED  
TO INSTALL CULVERT  
TO CITY SPEC  
K. Ashbeck 9/23/97

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

5156

Application For:  Access  Surface Alteration  
 Company SNEEDON CONSTRUCTION  
MAX F. SNEEDON/BUILDER  
 Concrete Curbing/Sidewalk License No. (VALLEY INSURANCE)  
 Address: 261 COVENTRY CT #34 BUILERS  
G.J. State CO Zip Code 81503  
 Application Date 9/22/97  
 Date Work to Begin NOV 1 1997 APPROX.  
 Anticipated Completion Date DEC 25 1997 APPROX.  
 Job Address or Location 2207 REO CANYON 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.  
Max F. Sneedon 245-4436  
 Responsible Construction Supervisor Phone No.  
 Alternate Responsible Person Phone No.  
 After Working Hours Contact Phone No.  
 Type of Performance/Warranty Guarantee BOND  
 In the amount of \$5,000 WITH COUNTY BUILDING DEPARTMENT

Type of Work  1 Remove Existing  2 Repair Existing  3 Replace Existing  4 New Installation  If Utility Work  
 1  2  3  4 Sanitary Sewer  1  2  3  4 Irrigation  1  2  3  4 Driveway  1  2  3  4 Underground Power  Main Line  
 1  2  3  4 Storm Sewer  1  2  3  4 Curb & Gutter  1  2  3  4 Telephone  1  2  3  4 Gas  Service Line  
 1  2  3  4 Water  1  2  3  4 Sidewalk  1  2  3  4 Cable T.V.  1  2  3  4 Other \_\_\_\_\_

Estimated Quantities

Curb, Gutter & Sidewalk \_\_\_\_\_ Lineal Feet Sidewalk Crossing Drain \_\_\_\_\_ Each  
 Curb & Gutter \_\_\_\_\_ Lineal Feet Storm Drain Inlet \_\_\_\_\_ Each  
 \_\_\_\_\_ valk \_\_\_\_\_ Lineal Feet Asphalt Pavement \_\_\_\_\_ Square Yards  
 Driveway Section 15 \_\_\_\_\_ Square Yards Concrete Pavement \_\_\_\_\_ Square Yards  
 Drain Pan \_\_\_\_\_ Lineal Feet Pipe size, type, length \_\_\_\_\_ Lineal Feet  
 Excavation Volume \_\_\_\_\_ Cubic Yards Other \_\_\_\_\_

Requirements

(To Be Completed By City)

Testing Requirements\*

Yes No  
  Performance Guaranty  
  Traffic Control Plan  
  Pedestrian Safety Plan  
  Inspection of Concrete Forms & Base  
  Inspection of Facilities Prior to Back-Fill  
  Inspection of Subgrade After Back-Fill  
  Final Inspection Upon Completion of Work  
  Community Development Department Approval \* CALL WALT @ 260-0184  
  End of day surface restoration required. (Surfacing material to be used \_\_\_\_\_)

Backfill Compaction Test(s) AASHTO T-99  
 Roadbase Compaction Test(s) AASHTO T-180  
 Bituminous Pavement Compaction Test(s) AASHTO T-230  
 Concrete Slump/Air Test(s) AASHTO T-119, T-152  
 Concrete Compressive Strength AASHTO T-22, T-23  
 Other Testing: \_\_\_\_\_

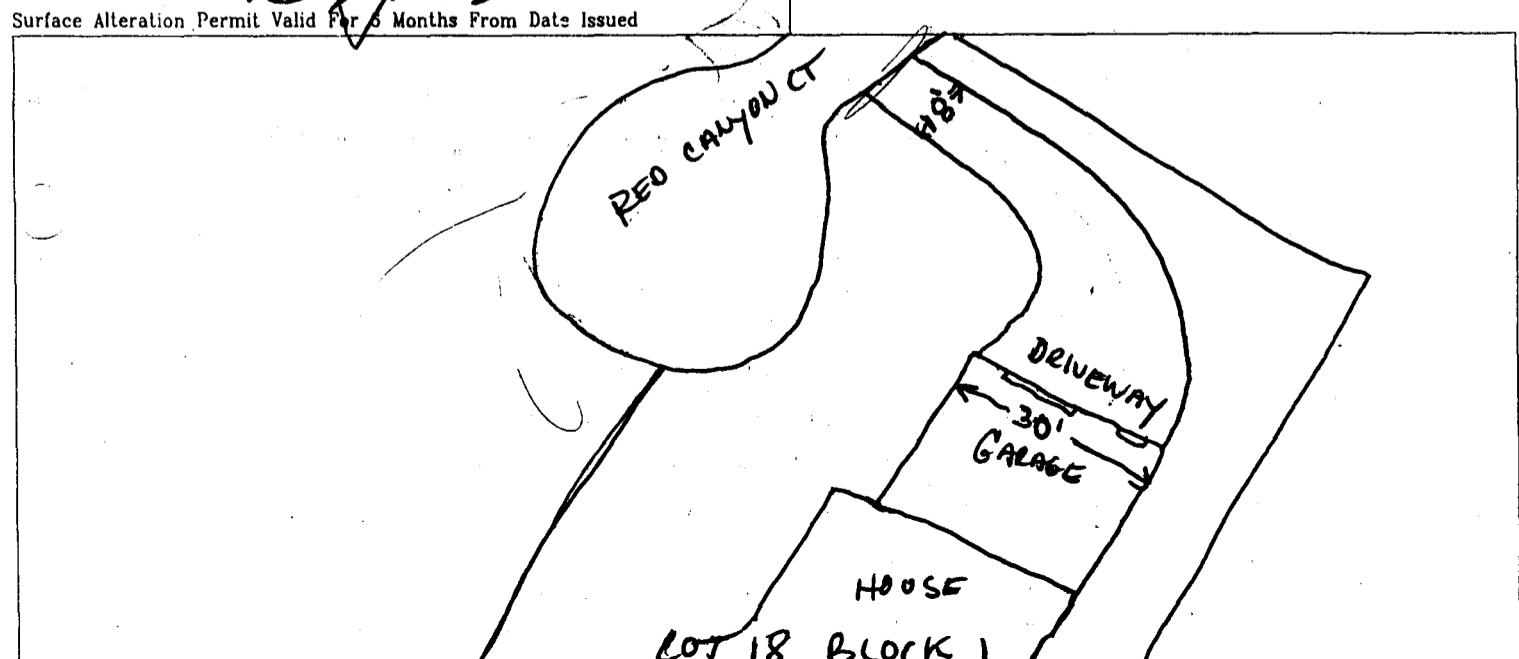
\* All compliance testing shall be performed by a qualified independent laboratory. Frequency of testing shall be in accordance with city specifications.

(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 \$ \_\_\_\_\_  
 Permit Fees \_\_\_\_\_  
 Contractor Max F. Sneedon N.C.

Preconstruction Inspection by: \_\_\_\_\_ Date \_\_\_\_\_  
 Public Works Permit Approval by: W.A. P-24-97 Date \_\_\_\_\_  
 Final Inspection by: \_\_\_\_\_ Date \_\_\_\_\_



The above space is provided for a sketch of the proposed installation. (see additional provisions and requirements on reverse side)