

225 N. 5th
250

FEE \$ 10.00
TCP \$ 0

BLDG PERMIT NO. 59459

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



THIS SECTION TO BE COMPLETED BY APPLICANT

BLDG ADDRESS 2219 RED CANYON CT. TAX SCHEDULE NO. 2945-193-07-015
SUBDIVISION Monument Valley ~~ESTATE~~ SQ. FT. OF PROPOSED BLDG(S)/ADDITION 2413 sq ft.
FILING 5 BLK I LOT 15 SQ. FT. OF EXISTING BLDG(S) _____
(1) OWNER 679 PINYON DR. NO. OF DWELLING UNITS BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
(1) ADDRESS KEN CLARK ⁸¹⁵⁸ NO. OF BLDGS ON PARCEL BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
(1) TELEPHONE 970 858-4758 USE OF EXISTING BLDGS _____
(2) APPLICANT same DESCRIPTION OF WORK AND INTENDED USE: _____
(2) ADDRESS _____
(2) TELEPHONE _____ new single family 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 PR1.6 Maximum coverage of lot by structures _____
SETBACKS: Front 40' from property line (PL) Parking Req'mt _____
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 84

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 Judy Clark Date 3-11-97
Department Approval Santa Costello Date 3-11-97

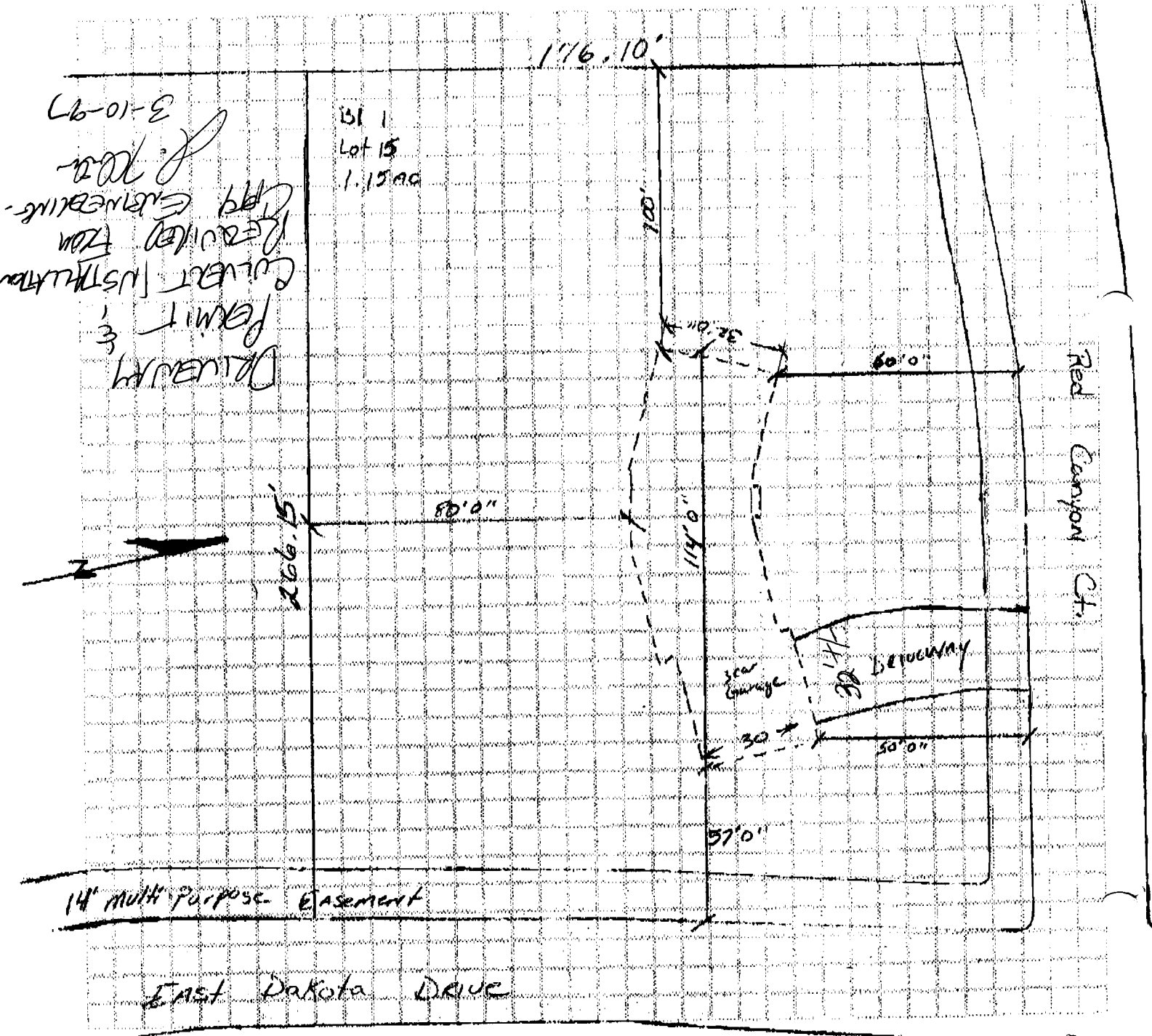
Additional water and/or sewer tap fee(s) are required: YES NO _____ W/O No. 9962
Utility Accounting Checkbook Date 3-11-97

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)

IN THE SPACE BELOW PLEASE NEATLY DRAW A SITE PLAN SHOWING THE FOLLOWING:

1. An outline of the PROPERTY LINES with dimensions. []
2. An outline of the PROPOSED STRUCTURE with dotted lines and dimensions of the PROPOSED STRUCTURE. []
3. The DISTANCE from the proposed structure to the front, rear and side property lines (setbacks). []
4. All EASEMENTS or RIGHTS-OF-WAY on the property. []
5. All other STRUCTURES on the property. []
6. All STREETS adjacent to the property and street names. []
7. All existing and proposed DRIVEWAYS. []
8. An arrow indicating NORTH. []
9. Location of existing and/or PROPOSED PARKING and NUMBER OF SPACES. []

ANY OF THE ABOVE INFORMATION THE APPLICANT FAILS TO SHOW ON THE DRAWING WILL RESULT IN A DELAY OF OBTAINING THE BUILDING PERMIT.



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

4774

Application For: Access Surface Alteration
 Company KEN CLARK
 Concrete Curbing/Sidewalk License No. _____
 Address 2219 RED CANYON CT
 City GRAND JUNCTION State CO Zip Code _____
 Application Date MAY-7-1997
 Date Work to Begin ASAP
 Anticipated Completion Date SEPT 1-97
 Job Address or Location 2219 RED 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.
KEN CLARK 970-858-4758
 Responsible Construction Supervisor Phone No.
JUDY CLARK 970-858-4758
 Alternate Responsible Person Phone No.
KEN CLARK 970-858-4758
 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 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 checked="" 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 _____	

Estimated Quantities

Curb, Gutter & Sidewalk _____ Lineal Feet	Sidewalk Crossing Drain _____ Each
rb & Gutter _____ Lineal Feet	Storm Drain Inlet _____ Each
ewalk _____ Lineal Feet	Asphalt Pavement _____ Square Yards
Driveway Section _____ Square Yards	Concrete Pavement _____ Square Yards
Drain Pan _____ Lineal Feet	Other <u>12" culvert under driveway</u>
Excavation Volume _____ Cubic Yards	Type of Backfill _____

Requirements

(To Be Completed By City)

Testing Requirements *

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Performance Guaranty | <input type="checkbox"/> Backfill Compaction Test(s) AASHTO T-99 |
| <input type="checkbox"/> <input type="checkbox"/> Traffic Control Plan | <input type="checkbox"/> Roadbase Compaction Test(s) AASHTO T-180 |
| <input type="checkbox"/> <input type="checkbox"/> Pedestrian Safety Plan | <input type="checkbox"/> Bituminous Pavement Compaction Test(s) AASHTO T-230 |
| <input type="checkbox"/> <input type="checkbox"/> Inspection of Concrete Forms & Base | <input type="checkbox"/> Concrete Slump/Air Test(s) AASHTO T-119, T-152 |
| <input type="checkbox"/> <input type="checkbox"/> Inspection of Facilities Prior to Back-Fill | <input type="checkbox"/> Concrete Compressive Strength AASHTO T-22, T-23 |
| <input type="checkbox"/> <input type="checkbox"/> Inspection of Subgrade After Back-Fill | <input type="checkbox"/> Other Testing _____ |