

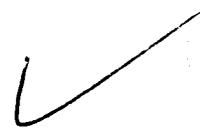
FEE \$	10 ⁰⁰
TCP \$	0
SIF \$	0



BLDG PERMIT NO. 61376

3021-9365-027

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



BLDG ADDRESS 747 WEST WILSHIRE CT TAX SCHEDULE NO. 2701 354 43 002

SUBDIVISION CAMPBELL SUB. SQ. FT. OF PROPOSED BLDG(S)/ADDITION 17x21

FILING BLK 4 LOT 2 SQ. FT. OF EXISTING BLDG(S) 3000^{sq}

(1) OWNER PER BAKKE NO. OF DWELLING UNITS
BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS 747 W. WILSHIRE CT

(1) TELEPHONE 243-8386 NO. OF BLDGS ON PARCEL
BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(2) APPLICANT BRAN DAVENPORT CONSTR. CO. USE OF EXISTING BLDGS RESIDENTIAL SINGLE FAM.

(2) ADDRESS 818 Elm Ave G-J. 81501 DESCRIPTION OF WORK AND INTENDED USE: _____

(2) TELEPHONE 243-5839 SUNROOM ADDITION / DECK

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 2.24 Maximum coverage of lot by structures _____

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

Side 5' from PL Rear 10' from PL Special Conditions _____

Maximum Height _____ CENSUS 10 TRAFFIC 17 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 [Signature] Date 8-4-97

Department Approval [Signature] Date 8-4-97

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

Utility Accounting [Signature] Date 8-4-97

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)

