

FEE \$	10, —
TCP \$	—
SIF \$	—



BLDG PERMIT NO. 000400

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG ADDRESS 319 E. DAKOTA TAX SCHEDULE NO. 2945-193-07-024
 SUBDIVISION MONUMENT VALLEY SQ. FT. OF PROPOSED BLDG(S)/ADDITION 4644
 FILING S BLK 1 LOT 24 SQ. FT. OF EXISTING BLDG(S) 0
 (1) OWNER TOM & DIANE DIETRICH NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 382 RIDGEWAY 81503
 (1) TELEPHONE 241-4098 NO. OF BLDGS ON PARCEL
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT MOGENSEN & ASSOC. USE OF EXISTING BLDGS SFR
 (2) ADDRESS 2475 PHEASANT TRAIL CT. DESCRIPTION OF WORK AND INTENDED USE:
 (2) TELEPHONE 241-7067 SFR.

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

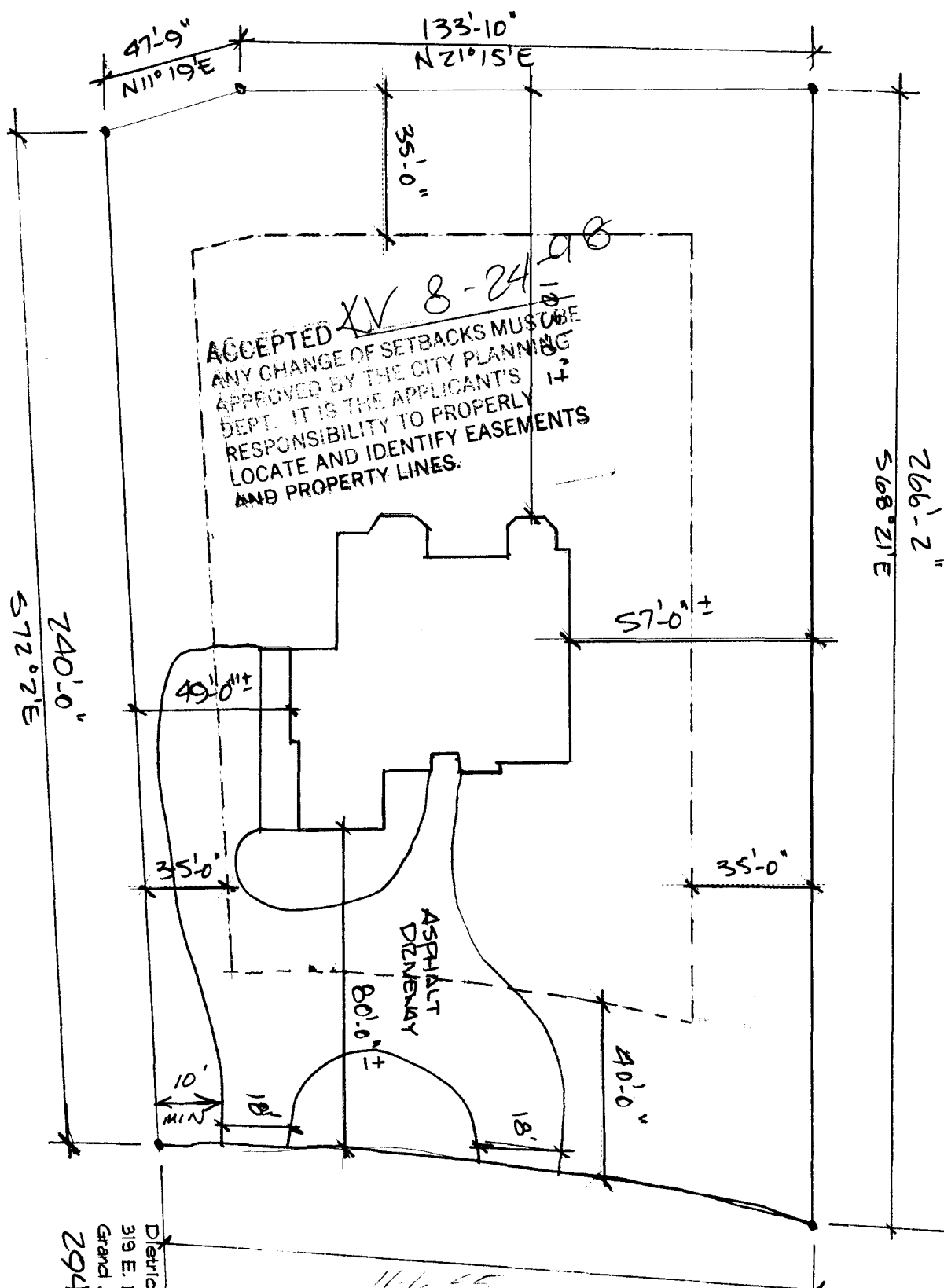
ZONE PR-1.6 Maximum coverage of lot by structures _____
 SETBACKS: Front 40' from property line (PL) Parking Req'mt 2
 or _____ from center of ROW, whichever is greater
 Side 35' from PL Rear 35' from PL Special Conditions _____
 Maximum Height _____ CENSUS 401 TRAFFIC U4 ANN# _____

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 [Signature] Date 8/6/98
 Department Approval [Signature] Date 8-24-98
 Additional water and/or sewer tap fee(s) are required: YES NO _____ W/O No. 11545
 Utility Accounting [Signature] Date 8-24-98

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)



116.85
East Dakota Dr

Driveway location O.K.
Need permit to install culvert.
Rick Davis
8-10-98

Dietrich Residences
319 E. Dakota
Grand Junction, CO 81503
2945-193-07-074

MOGENSEN & ASSOCIATES
2475 TREASANT TRAIL COURT
GRAND JUNCTION, CO. 81506
(970) 241-7067

- Contributor
- City
- Address
- Appl. No.
- Corr.
- Cont.
- Date
- Antic.
- Job #
- Type:
 - 1
 - 2
 - 1
 - 2
 - 1
 - 2
- Curb
- Curb
- Drive
- Drain

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

5749

Application For: Access Surface Alteration
 Company MOGENSEN & ASSOCIATES
 Concrete Curbing/Sidewalk License No. _____
 Address 2475 PLEASANT TRAIL COURT
 City GRAND JUNCTION State CO Zip Code 81506
 Application Date AUG. 10, 1998
 Date Work to Begin AUG. 11, 1998
 Anticipated Completion Date NOV. 30, 1998
 Job Address or Location 319 EAST DAKOTA

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.
LOTEN MOGENSEN 241-7067
 Responsible Construction Supervisor Phone No.
MIKE NACHTRIEB 250-2822
 Alternate Responsible Person Phone No.
LOTEN MOGENSEN 241-7067
 After Working Hours Contact Phone No.
 Type of Performance/Warranty Guarantee _____
 In the amount of _____

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

Estimated Quantities
 Curb, Gutter & Sidewalk _____ Lineal Feet
 Sidewalk Crossing Drain _____ Each
 Curb & Gutter _____ Lineal Feet
 Storm Drain Inlet _____ Each
 Sidewalk _____ Lineal Feet
 Asphalt Pavement _____ Square Yards
 Driveway Section _____ Square Yards
 Concrete Pavement _____ Square Yards
 Drain Pan _____ Lineal Feet
 Pipe size, type, length 12" CMP. 36 LF Lineal Feet
 Excavation Volume _____ Cubic Yards
 Other _____

(To Be Completed By City)
Requirements (Yes No) Testing Requirements*
 Performance Guaranty Backfill Compaction Test(s) AASHTO T-99
 Traffic Control Plan Roadbase Compaction Test(s) AASHTO T-180
 Pedestrian Safety Plan Bituminous Pavement Compaction Test(s) AASHTO T-230
 Inspection of Concrete Forms & Base Concrete Slump/Air Test(s) AASHTO T-119, T-152
 Inspection of Facilities Prior to Back-Fill Concrete Compressive Strength AASHTO T-22, T-23
 Inspection of Subgrade After Back-Fill Other Testing: _____
 Final Inspection Upon Completion of Work
 Community Development Department Approval *
 End of day surface restoration required. (Surfacing material to be used _____)

* 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 Fee \$ _____
 Contractor [Signature] \$ _____ H.C.

Preconstruction Inspection by: _____ Date _____
 Public Works Permit Approval by: [Signature] Date 8-12-98
 Final Inspection by: _____ Date _____

Surface Alteration Permit Valid For 6 Months From Date Issued

SEE ATTACHED DRAWINGS

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