

FEE \$	10.-
TCP \$	500.-
SIF \$	292.-



BLDG PERMIT NO. 67154

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



BLDG ADDRESS 2523 Fairbview Cr. TAX SCHEDULE NO. 2945-032-56-007
 SUBDIVISION Moonridge Falls SQ. FT. OF PROPOSED BLDG(S)/ADDITION 3,163
 FILING 4 BLK 3 LOT 7 SQ. FT. OF EXISTING BLDG(S) _____
 (1) OWNER Chris Kendrick NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 231 W. Fallen Rock Rd
 NO. OF BLDGS ON PARCEL
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) TELEPHONE 245 8987 USE OF EXISTING BLDGS _____
 (2) APPLICANT owner DESCRIPTION OF WORK AND INTENDED USE: new
 (2) ADDRESS _____
 (2) TELEPHONE _____ Single Family Residence

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 PK-23 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 10' from PL Rear 20' from PL Special Conditions All easements
 Maximum Height _____ for restrictions
 CENSUS 10 TRAFFIC 19 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 11-24-98

Department Approval [Signature] Date 11-24-98

Additional water and/or sewer tap fee(s) are required: YES NO _____ W/O No. 11781

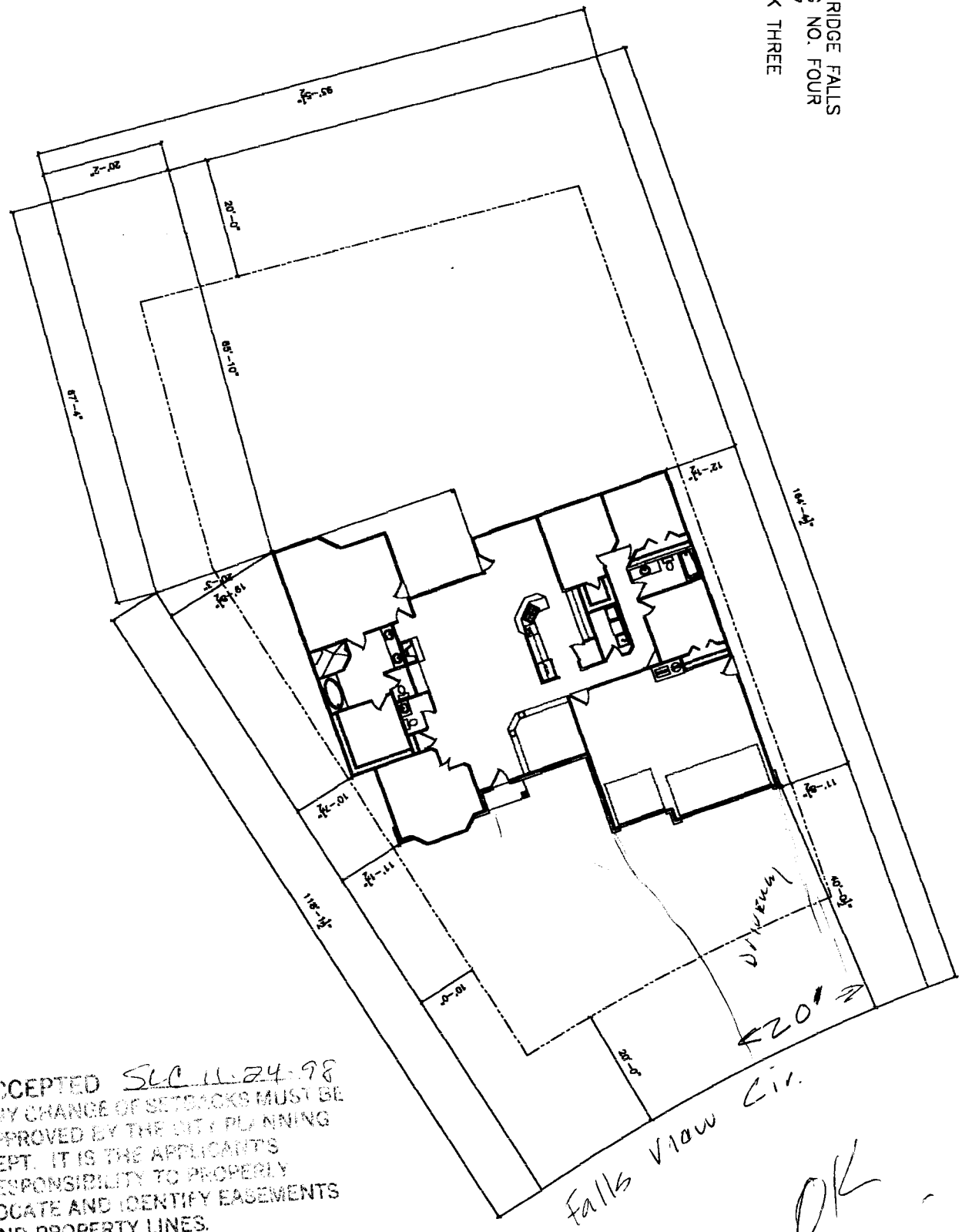
Utility Accounting [Signature] Date 11/24/98

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)

NOTES:
1. IT IS THE RESPONSIBILITY OF THE BUILDER OR OWNER TO VERIFY DETAILS
AND DIMENSIONS PRIOR TO CONSTRUCTION.

MOONRIDGE FALLS
FILING NO. FOUR
LOT 7
BLOCK THREE



SCALE: 1/8" = 1'-0" (EXCEPT WHERE SHOWN OTHERWISE)
PLOT PLAN
(2)

ACCEPTED *SLC 11-24-98*
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.

Falls View Cir.

*Drawn OK
Erick Romms
10-5-98*