

FEE \$	5 ⁰⁰
TCP \$	0
SIF \$	0



BLDG PERMIT NO. 62467

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG ADDRESS 2490 F. Road, Unit 3 TAX SCHEDULE NO. 2945-044-05001
 SUBDIVISION Parkwest Subdivision SQ. FT. OF PROPOSED BLDG(S)/ADDITION 1800 (tenant finish)
 FILING _____ BLK _____ LOT _____ SQ. FT. OF EXISTING BLDG(S) 14,500
 (1) OWNER Wylie Miller NO. OF DWELLING UNITS BEFORE: _____ AFTER: _____ THIS CONSTRUCTION
 (1) ADDRESS 2681 Maratlan
 (1) TELEPHONE 245-6145 NO. OF BLDGS ON PARCEL BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT Constructors West USE OF EXISTING BLDGS retail
 (2) ADDRESS 2818 1/2 North Ave DESCRIPTION OF WORK AND INTENDED USE: _____
 (2) TELEPHONE 241-5457 tenant finish

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 PB Maximum coverage of lot by structures _____
 SETBACKS: Front _____ from property line (PL) Parking Req'mt _____
 or _____ from center of ROW, whichever is greater
 Side _____ from PL Rear _____ from PL Special Conditions Interior Remodel
No Change in Use
 Maximum Height _____ CENSUS 9 TRAFFIC 4 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 _____
 Department Approval [Signature] Date 3.3.98

Additional water and/or sewer tap fee(s) are required: YES _____ NO X W/O No. _____
 Utility Accounting [Signature] Date 3/3/98

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)