

FEE \$	N/A
TCP \$	—
SIF \$	—



BLDG PERMIT NO. 65833

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG ADDRESS 344 ROCKWELL CT TAX SCHEDULE NO. 2742-357-19-003
 SUBDIVISION CANYON VIEW SQ. FT. OF PROPOSED BLDG(S)/ADDITION INTERIOR REMODEL
 FILING 4 BLK 2 LOT 3 SQ. FT. OF EXISTING BLDG(S) 2300
 (1) OWNER SKOZTON CONSTR. INC NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 706 IVY PL
 (1) TELEPHONE 245-9008 NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT SKOZTON CONSTR. INC USE OF EXISTING BLDGS HOME
 (2) ADDRESS 706 IVY PL. DESCRIPTION OF WORK AND INTENDED USE:
 (2) TELEPHONE 245-9008 FINISH BASEMENT

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 Maximum coverage of lot by structures _____
 SETBACKS: Front 35' from property line (PL) Parking Req'mt 2
 or _____ from center of ROW, whichever is greater
 Side 15' from PL Rear 30' from PL Special Conditions _____
 Maximum Height _____
 CENSUS 1401 TRAFFIC 64 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 _____ Date 6/23/98
 Department Approval [Signature] Date 6-23-98

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

Utility Accounting _____ Date 6/23/98

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)