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| FEE \$ | 1000 |
| TCP \$ | 0 |
| SIF \$ | 0 |

Ex



BLDG PERMIT NO. 72246

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

11690-7251

BLDG ADDRESS 1935 N. 5th TAX SCHEDULE NO. 2945-112-08-013
 SUBDIVISION _____ SQ. FT. OF PROPOSED BLDG(S)/ADDITION 200
 FILING BLK B4 LOT 013 SQ. FT. OF EXISTING BLDG(S) 1500
 (1) OWNER Dave Bailey NO. OF DWELLING UNITS BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 1935 N. 5th NO. OF BLDGS ON PARCEL BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (1) TELEPHONE 241-7693 USE OF EXISTING BLDGS Residence
 (2) APPLICANT Agape Const. Inc. DESCRIPTION OF WORK AND INTENDED USE: add
 (2) ADDRESS 105 Canary Ln on Family Ln.
 (2) TELEPHONE 241-2063

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 RSF-5 Maximum coverage of lot by structures 35%
 SETBACKS: Front _____ from property line (PL) Parking Req'mt _____
 or 45' from center of ROW, whichever is greater Special Conditions _____
 Side 5' from PL Rear 25' from PL
 Maximum Height 32' CENSUS 5 TRAFFIC 32 ANNEX# _____

Modifications to this Planning Clearance must be approved, in writing, by 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, if applicable, 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 10/1/99
 Department Approval Patricia Pich Date 10/1/99

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

Utility Accounting [Signature] Date 10-1-99

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)