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BLDG PERMIT NO. 69776

*(Handwritten signature/initials)*

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

BLDG ADDRESS 268 Allice TAX SCHEDULE NO. 2945-251-05-015  
 SUBDIVISION Sunland Sub SQ. FT. OF PROPOSED BLDG(S)/ADDITION 485 #  
 FILING BLK 1 LOT 19 SQ. FT. OF EXISTING BLDG(S) 1000 ±  
 (1) OWNER Billy D and Paula Ashley NO. OF DWELLING UNITS BEFORE: 1 AFTER: 1 THIS CONSTRUCTION  
 (1) ADDRESS 268 Allice Ave  
 (1) TELEPHONE 341-2761 NO. OF BLDGS ON PARCEL BEFORE: 2 AFTER: 2 THIS CONSTRUCTION  
 (2) APPLICANT \_\_\_\_\_ USE OF EXISTING BLDGS home  
 (2) ADDRESS \_\_\_\_\_ DESCRIPTION OF WORK AND INTENDED USE: \_\_\_\_\_  
 (2) TELEPHONE SAME bedroom addition

**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 R8F-8 Maximum coverage of lot by structures 45%  
 SETBACKS: Front 20' from property line (PL) or 45' from center of ROW, whichever is greater Parking Req'mt \_\_\_\_\_  
 Side 5' from PL Rear 15' from PL Special Conditions \_\_\_\_\_  
 Maximum Height 32' CENSUS 13 TRAFFIC 80 ANN# \_\_\_\_\_

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 Paula Ashley Date 4/26/99  
 Department Approval Ronnie Edwards Date 4/26/99

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

Utility Accounting Little Turner Date 4-26-99

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)