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| FEE \$ | 10.00 |
| TCP \$ | — |
| SIF \$ | — |



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| BLDG PERMIT NO. | 68668 |
|-----------------|-------|

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

4

BLDG ADDRESS 2722 CARIBBEAN DR. TAX SCHEDULE NO. 2701-253-04-009

SUBDIVISION Paradise Hills SQ. FT. OF PROPOSED BLDG(S)/ADDITION 660 A²

FILING BLK 4 LOT 9 SQ. FT. OF EXISTING BLDG(S) 1429

(1) OWNER DON & MARILYN CLAY NO. OF DWELLING UNITS BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS 2722 Caribbean Dr. NO. OF BLDGS ON PARCEL BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(1) TELEPHONE (920) 345-0914

(2) APPLICANT SAME AS ABOVE USE OF EXISTING BLDGS HOME

(2) ADDRESS " DESCRIPTION OF WORK AND INTENDED USE: _____

(2) TELEPHONE " ADDITION TO LIVING SPACE

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-4 Maximum coverage of lot by structures 35%

SETBACKS: Front 20' from property line (PL) or 45' from center of ROW, whichever is greater Parking Req'mt —

Side 7' from PL Rear 30' from PL Special Conditions Cannot build into setback

Maximum Height 32' CENSUS K1 TRAFFIC 16 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 Don E. Clay Date 2-9-99

Department Approval _____ Date _____

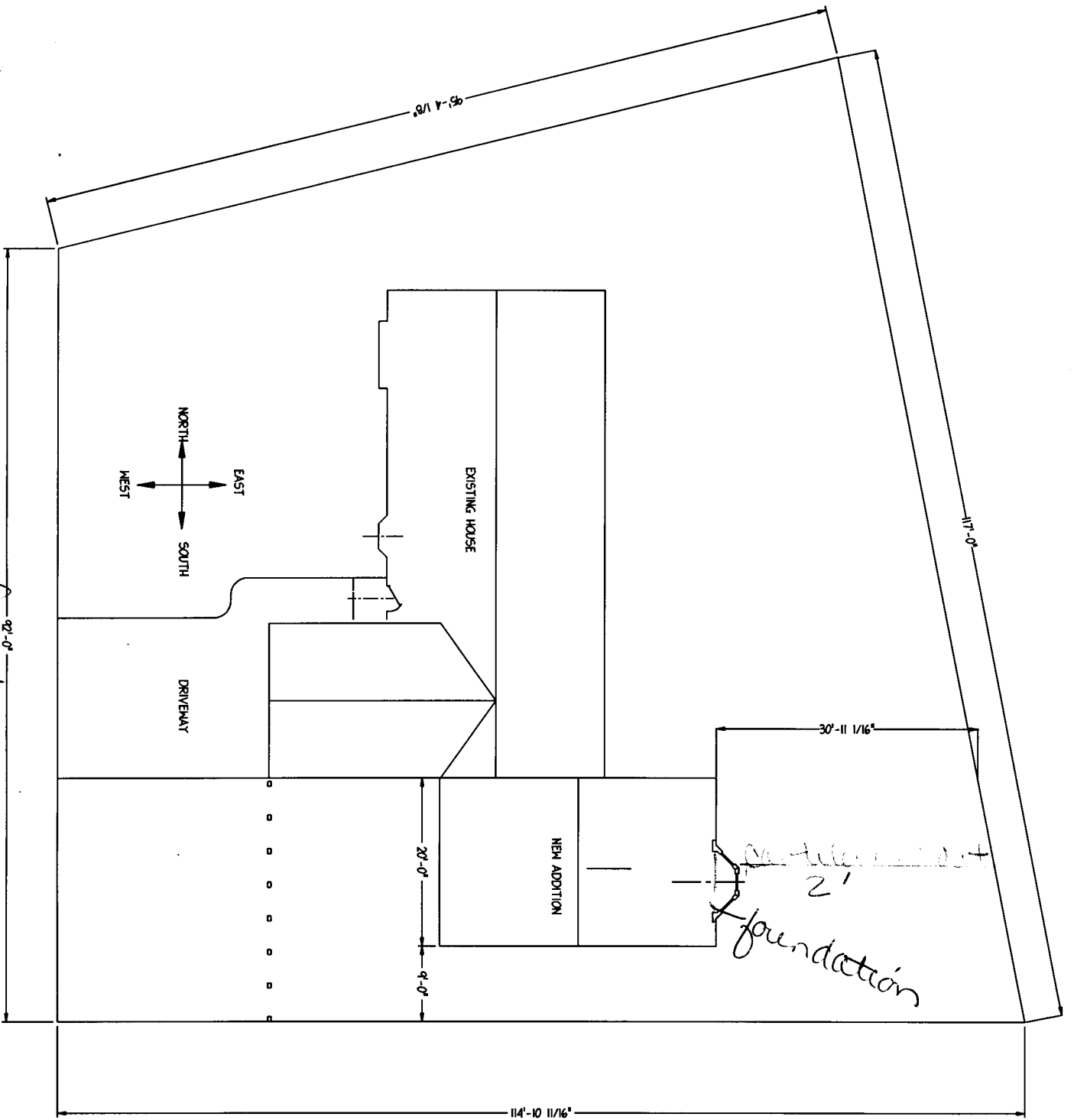
Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. 16641-10657 TR 88521

Utility Accounting Richardson Date 2-9-99

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)

2722 Carlin Ln



ACCEPTED XV 2-9-99
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.