

FEE \$	_____
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BLDG PERMIT NO. 7/339

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

54-004

BLDG ADDRESS 2530 FALLS VIEW CIR TAX SCHEDULE NO. 2945-032-3105

SUBDIVISION MOON RIDGE FALLS SQ. FT. OF PROPOSED BLDG(S)/ADDITION N/A

FILING ABLK 1 LOT 4 SQ. FT. OF EXISTING BLDG(S) N/A

(1) OWNER TERRY LAWRENCE NO. OF DWELLING UNITS
 BEFORE: N/A AFTER: N/A THIS CONSTRUCTION

(1) ADDRESS 2530 FALLS VIEW CIR

(1) TELEPHONE 418-2621 NO. OF BLDGS ON PARCEL
 BEFORE: N/A AFTER: N/A THIS CONSTRUCTION

(2) APPLICANT WATERMARK SPAS & POOLS USE OF EXISTING BLDGS RES.

(2) ADDRESS 2491 HWY 650 DESCRIPTION OF WORK AND INTENDED USE: _____

(2) TELEPHONE 241-4133 16' X 32' IN-GROUND POOL

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 PH-2.3 Maximum coverage of lot by structures _____

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

Side 10' from PL Rear 20' from PL Special Conditions _____
 Maximum Height _____

CENSUS 10 TRAFFIC 19 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 Kimberly Drake Date 7-26-99

Department Approval X Valdez Date 7-21-99

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

Utility Accounting Adams Date 7-26-99

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)

