FEE \$	10
TCP \$	
SIF \$	



PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG ADDRESS 718 GALAXY DR.	TAX SCHEDULE NO. 2701-354-23-002		
SUBDIVISION <u>GALAXy</u>	SQ. FT. OF PROPOSED BLDG(S)/ADDITION 1292		
FILING BLK 3 LOT	SQ. FT. OF EXISTING BLDG(S) 2184		
() OWNER <u>RICK MAXVILLE</u>	NO. OF DWELLING UNITS BEFORE:AFTER:THIS CONSTRUCTION		
⁽¹⁾ ADDRESS <u>718</u> GALAXY <u>DR.</u> (1) TELEPHONE <u>920-241-7043</u>	NO. OF BLDGS ON PARCEL BEFORE:		
2) APPLICANT Stm E	USE OF EXISTING BLDGS Home		
(2) ADDRESS	DESCRIPTION OF WORK AND INTENDED USE:		
	ADDITION NEW GARAGE & BEDROOMS		
REQUIRED: One plot plan, on 8 ½" 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.			
IN THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF 524			
ZONE HSF-Z	Maximum coverage of lot by structures		

SETBACKS: Front <u>()</u> from property line (PL)	Parking Req'mt
SETBACKS: Front (PL) or (From center of ROW, whichever is greater	Special Conditions
Side 5' from PL Rear 30' from PL	Special Conditions
Maximum Height 32.	m m
	CENSUS 🛝 / TRAFFIC / / ANNX#

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).

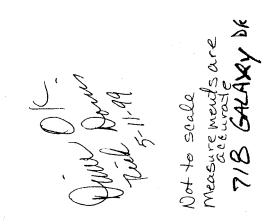
Applicant Signature	Date 5-7-99
Department Approval K. Valdez	Date 5-11-9
Additional water and/or sewer tap fee(s) are required: YES NO X	W/O No.
Utility Accounting Jobi Overholf	Date 5-11-99
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C G	rand Junction Zoning & Development Code)

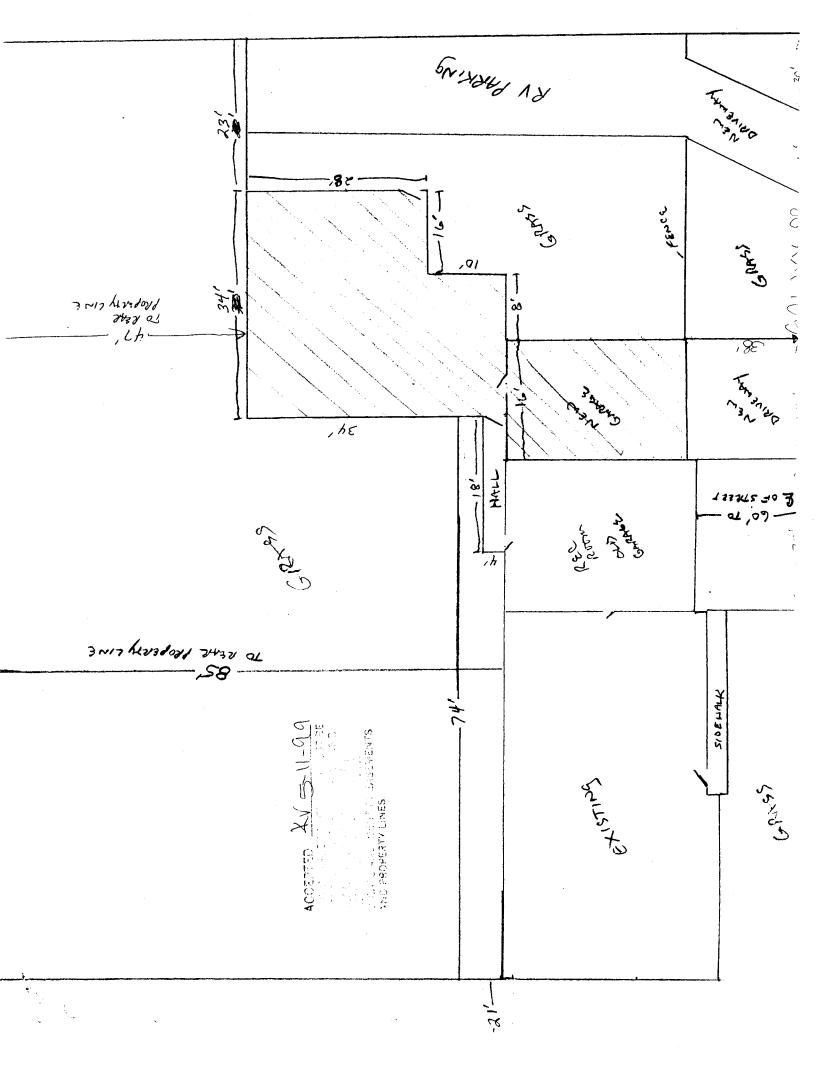
(White: Planning)

(Yellow: Customer)

(Pink: Building Department)

(Goldenrod: Utility Accounting)





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