

FEE \$	10
TCP \$	-
SIF \$	-



BLDG PERMIT NO. 71833

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG ADDRESS 2694 Kimberly Dr TAX SCHEDULE NO. 2701-354-28-003

SUBDIVISION Bella Vista SQ. FT. OF PROPOSED BLDG(S) (ADDITION) 520

FILING _____ BLK 2 LOT 5 SQ. FT. OF EXISTING BLDG(S) 2070

(1) OWNER Kevin S. & Valerie E. Brooks NO. OF DWELLING UNITS
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS 2694 Kimberly Dr. NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(1) TELEPHONE 241-4447 USE OF EXISTING BLDGS Single-Family Res.

(2) APPLICANT James H. Palmer DESCRIPTION OF WORK AND INTENDED USE: 20'x26' Add-on
 to be used as Laundry room; office; and
 Living room - Kitchen to be re-modelled

(2) ADDRESS 640 35 1/2 Rd., Palisade

(2) TELEPHONE 464-0122

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-2 Maximum coverage of lot by structures _____

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

Side 15' from PL Rear 30' from PL Special Conditions _____

Maximum Height 32' CENSUS 10 TRAFFIC 17 ANNEX# _____

Modifications to this Planning Clearance must be approved, in writing, by the Director of 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 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 James H. Palmer Date 8-31-99

Department Approval Ronnie Edwards Date 8-31-99

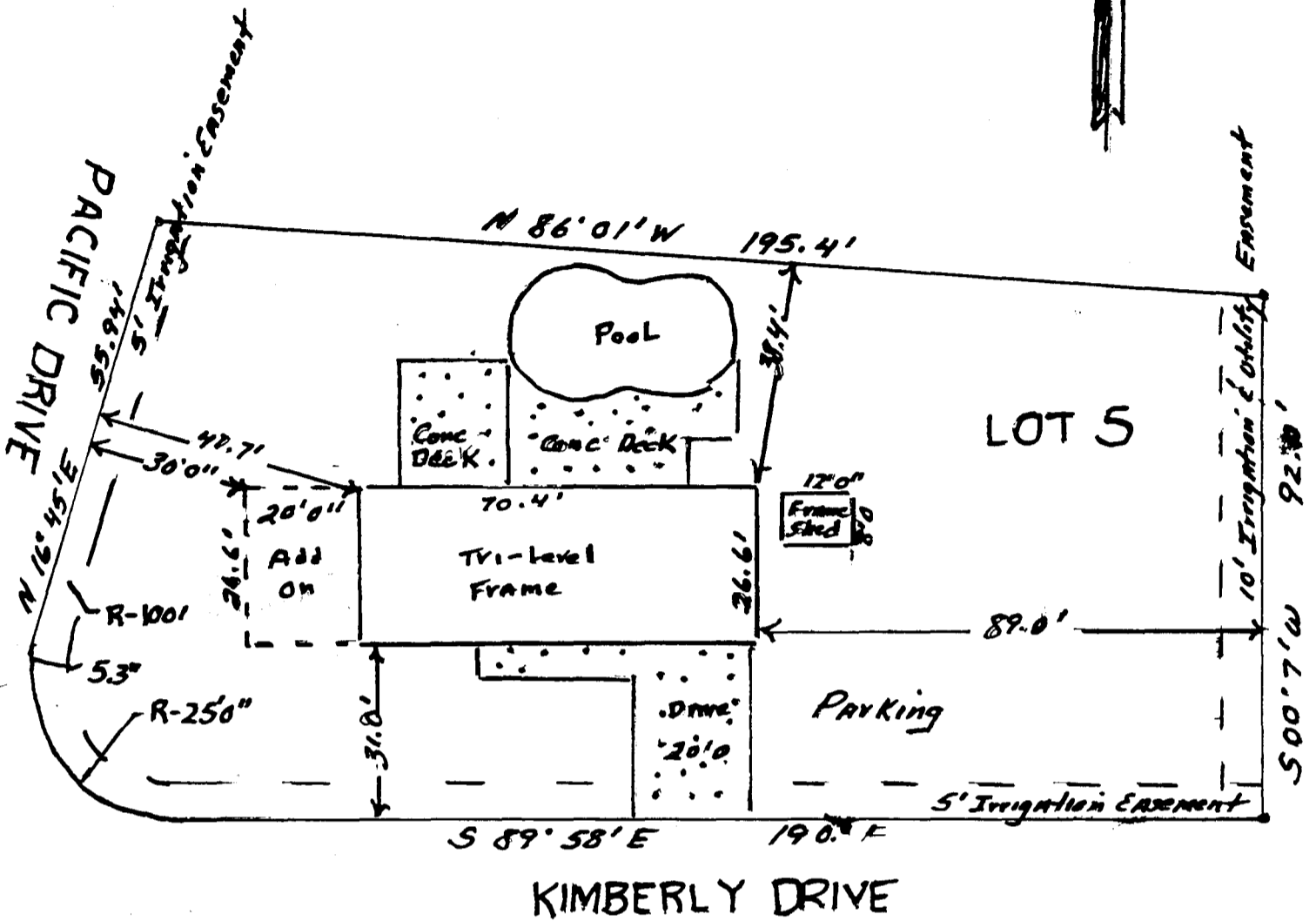
Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. _____

Utility Accounting Debi Overholt Date 8-31-99

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)

Plot Plan
 2694 Kimberly Dr.



Dennis 8/31/99
 I, *Dennis*, Surveyor
 do hereby certify that the foregoing
 plan is a true and correct copy
 of the original on file in my
 office and I have properly
 located and identified easements
 and property lines.