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BLDG PERMIT NO. 69451



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

BLDG ADDRESS 602 MAIN STREET TAX SCHEDULE NO. 2945-143-18-006
 SUBDIVISION N/A City of G.J. SQ. FT. OF PROPOSED BLDG(S)/ADDITION N/A Remodel
 FILING N/A BLK N/A LOT N/A SQ. FT. OF EXISTING BLDG(S) N/A
 (1) OWNER CHARLES P. MOORE NO. OF DWELLING UNITS
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 687 STEP-A-SIDE LN.
 NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT Monument Homes USE OF EXISTING BLDGS DOOR Addition -
 (2) ADDRESS 759 HORIZON DRIVE DESCRIPTION OF WORK AND INTENDED USE:
 (2) TELEPHONE 243-4890 Remodel "Door 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 B-3 Maximum coverage of lot by structures _____
 SETBACKS: Front _____ from property line (PL) Parking Req'mt _____
 or _____ from center of ROW, whichever is greater Special Conditions Interior Remod.
 Side _____ from PL Rear _____ from PL NCLU
 Maximum Height _____ CENSUS 1 TRAFFIC 42 ANN# _____

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 [Signature] Date 3/26/99

Department Approval [Signature] Date 3-26-99

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

Utility Accounting [Signature] Date 3/26/99

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)