

FEE \$	10
TCP \$	0
SIF \$	0



BLDG PERMIT NO. 68611



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

BLDG ADDRESS 2209 RED CANYON CT. TAX SCHEDULE NO. 2945-193-07-017
 SUBDIVISION MONUMENT VALLEY ~~ESTATES~~ SQ. FT. OF PROPOSED BLDG(S)/ADDITION 3161
 FILING S BLK 1 LOT 17 SQ. FT. OF EXISTING BLDG(S) 0
 (1) OWNER EUGENE P. & ARLENE G. ALBERS NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 671 IGNACIO CT., G.J.
 NO. OF BLDGS ON PARCEL
 (1) TELEPHONE 243-8670 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT EUGENE P. ALBERS USE OF EXISTING BLDGS —
 (2) ADDRESS 671 IGNACIO CT, G.J. DESCRIPTION OF WORK AND INTENDED USE: SINGLE
 (2) TELEPHONE 243-8670 FAMILY RESIDENCE

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 PR 1.6 Maximum coverage of lot by structures _____
 SETBACKS: Front 40' from property line (PL) Parking Req'mt _____
 or _____ from center of ROW, whichever is greater
 Side 35' from PL Rear 35' from PL Special Conditions _____
 Maximum Height 32' _____
 CENSUS 1401 TRAFFIC 64 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 May 1st Feb 499
 Department Approval Ronnie Edwards Date 2-8-99

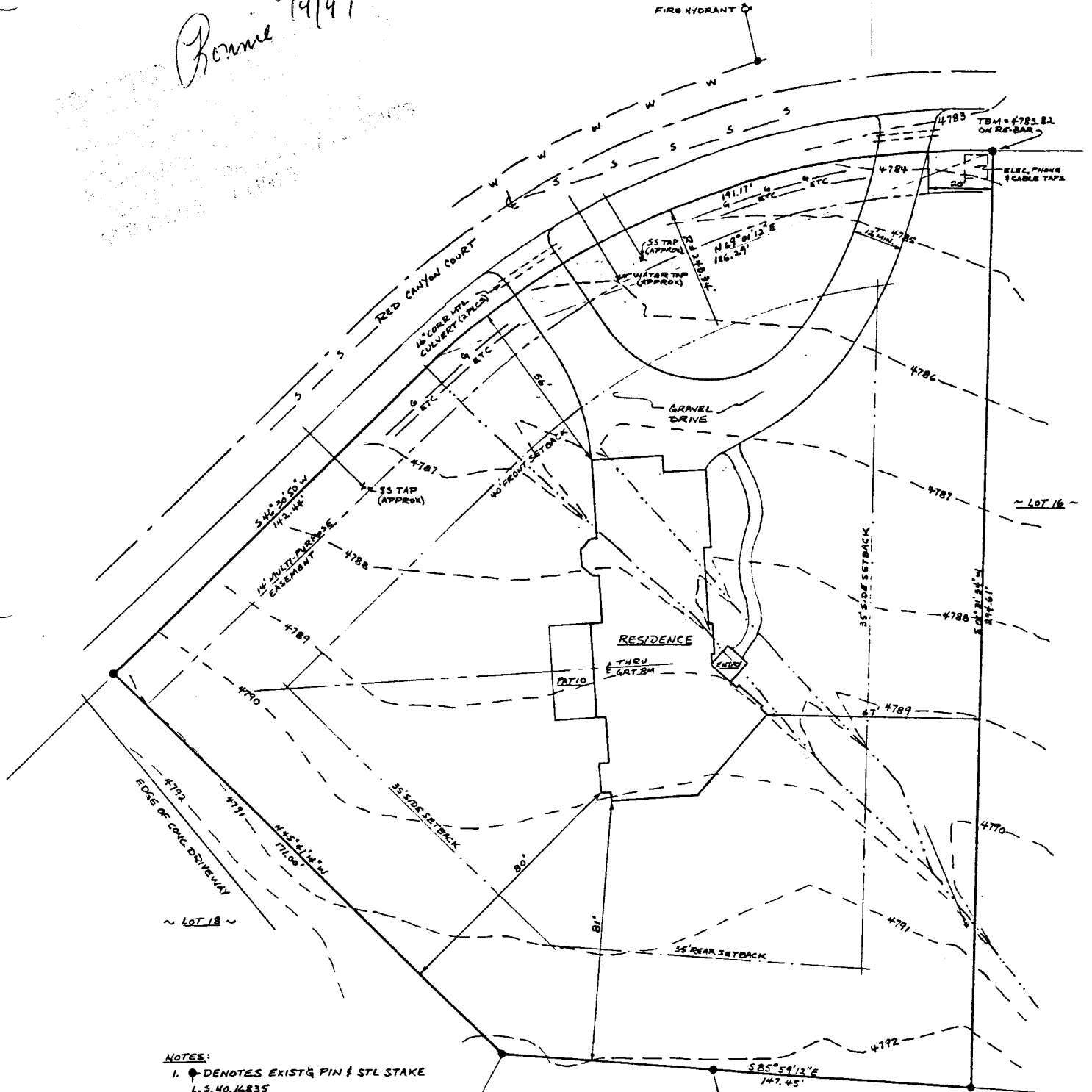
Additional water and/or sewer tap fee(s) are required: YES NO _____ W/O No. W0011907

Utility Accounting K Duncan Date 2/4/99

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)

Bonnie 2/4/99



NOTES:
 1. \bullet DENOTES EXIST'G PIN & STL STAKE
 L.S. NO. 14835

— S — S — SAN. SEWER
 — ETC — ETC — ELEC, TELE, CABLE TV
 — G — G — GAS
 — W — W — WATER

SITE PLAN
ALBERS RESIDENCE
 2209 RED CANYON CT.
 LOT 17 BLK 1 FIL 5 (128 AC)
 MONUMENT VALLEY ESTATES
 GRAND JUNCTION, CO
 SCALE: 1" = 20'

*Don Newton
 attached
 permit
 #6018*

D.D. VILLUMI

PERMIT FOR ACCESS OR SURFACE ALTERATION WITHIN PUBLIC RIGHT OF WAY

Copy Distribution
 White-Contractor
 Canary-Office File
 Green-Inspector
 Pink-Street Supt

CITY OF GRAND JUNCTION
 250 North Fifth Street
 Grand Junction, CO 81501

Department of Public Works
 Engineering Division
 Phone (970) 244-1555
 Fax (970) 244-1599

6018

Application For: Access Surface Alteration

Company KRAIG HOFFERMAN Pldr

Concrete Curbing/Sidewalk License No. 004299

Address 528 TIARA DR

City GRAND Jct State COLO Zip Code 81503

Application Date FEB 3 99

Date Work to Begin FEB 15

Anticipated Completion Date FEB 16

Job Address or Location 209 Red Canyon Ct

Responsible Charge

In accepting this permit the undersigned, representing the Permittee, verifies that he has read and understands all the provisions and requirements of this permit; that he has authority to sign for and bind the Permittee; and by virtue of his signature the Permittee is bound by and agrees to comply with all City ordinances, standards and specifications regulating construction.

KRAIG HOFFERMAN 243-1867
 Responsible Construction Supervisor Phone No.

Alternate Responsible Person Phone No.

After Working Hours Contact Phone No.

Type of Performance/Warranty Guarantee _____

In the amount of _____

Type of Work	1	2	3	4	Remove Existing	Repair Existing	Replace Existing	New Installation	If Utility Work
Sanitary Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Main Line
Storm Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Service Line
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Irrigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curb & Gutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cable T.V.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Underground Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Estimated Quantities

Curb, Gutter & Sidewalk _____	Lineal Feet	Sidewalk Crossing Drain _____	Each
Curb & Gutter _____	Lineal Feet	Storm Drain Inlet _____	Each
Sidewalk _____	Lineal Feet	Asphalt Pavement _____	Square Yards
Driveway Section _____	Square Yards	Concrete Pavement _____	Square Yards
Drain Pan _____	Lineal Feet	Pipe size, type, length <u>2 pks 20' x 12"</u>	Lineal Feet
Excavation Volume _____	Cubic Yards	Other <u>culvert</u>	

Requirements

(To Be Completed By City)

Testing Requirements*

- | | |
|--|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Performance Guaranty</p> <p><input type="checkbox"/> <input type="checkbox"/> Traffic Control Plan</p> <p><input type="checkbox"/> <input type="checkbox"/> Pedestrian Safety Plan</p> <p><input type="checkbox"/> <input type="checkbox"/> Inspection of Concrete Forms & Base</p> <p><input type="checkbox"/> <input type="checkbox"/> Inspection of Facilities Prior to Back-Fill</p> <p><input type="checkbox"/> <input type="checkbox"/> Inspection of Subgrade After Back-Fill</p> <p><input type="checkbox"/> <input type="checkbox"/> Final Inspection Upon Completion of Work</p> <p><input type="checkbox"/> <input type="checkbox"/> Community Development Department Approval *</p> <p><input type="checkbox"/> <input type="checkbox"/> End of day surface restoration required. (Surfacing material to be used _____)</p> | <p><input type="checkbox"/> Backfill Compaction Test(s) AASHTO T-99</p> <p><input type="checkbox"/> Roadbase Compaction Test(s) AASHTO T-180</p> <p><input type="checkbox"/> Bituminous Pavement Compaction Test(s) AASHTO T-230</p> <p><input type="checkbox"/> Concrete Slump/Air Test(s) AASHTO T-119, T-152</p> <p><input type="checkbox"/> Concrete Compressive Strength AASHTO T-22, T-23</p> <p><input type="checkbox"/> Other Testing: _____</p> |
|--|--|

* All compliance testing shall be performed by a qualified independent laboratory. Frequency of testing shall be in accordance with city specifications.

(Water Conservancy Districts Exempt)

	Permit Fee
Curbing/Sidewalk/Driveway Permit (\$60)	\$ _____
Pavement Cut/Excavation Permit (\$60)	\$ _____
Plus \$0.10 per linear foot of trench over 100' in length	\$ _____
Other	\$ _____
Total Permit Fees	\$ _____
Contractor <u>[Signature]</u>	

Preconstruction Inspection by: _____ Date 2-4-99
 Public Works Permit Approval by: [Signature] Date _____
 Final Inspection by: _____ Date _____

Surface Alteration Permit Valid For 6 Months From Date Issued