

| | |
|--------|-------|
| FEE \$ | 10.00 |
| TCP \$ | — |
| SIF \$ | — |



| | |
|-----------------|-------|
| BLDG PERMIT NO. | 69999 |
|-----------------|-------|

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

| | | | |
|---------------|----------------------------|---------------------------------------|--|
| BLDG ADDRESS | <u>2220 RED CANYON CRT</u> | TAX SCHEDULE NO. | <u>2945-193-07-014</u> |
| SUBDIVISION | <u>MONUMENT VALLEY #5</u> | SQ. FT. OF PROPOSED BLDG(S)/ADDITION | <u>2393</u> |
| FILING BLK | <u>81</u> LOT <u>14</u> | SQ. FT. OF EXISTING BLDG(S) | <u>N/A</u> |
| (1) OWNER | <u>CASTLE ROCK CONST</u> | NO. OF DWELLING UNITS | BEFORE: <u>0</u> AFTER: <u>1</u> THIS CONSTRUCTION |
| (1) ADDRESS | <u>BOX 1533 PALISADE</u> | NO. OF BLDGS ON PARCEL | BEFORE: <u>0</u> AFTER: <u>1</u> THIS CONSTRUCTION |
| (1) TELEPHONE | <u>464-0188</u> | USE OF EXISTING BLDGS | <u>RESIDENCE</u> |
| (2) APPLICANT | <u>SAME</u> | DESCRIPTION OF WORK AND INTENDED USE: | <u>BUILD</u> |
| (2) ADDRESS | _____ | | <u>HOUSE</u> |
| (2) TELEPHONE | _____ | | |

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 | <u>PR-1.1e</u> | Maximum coverage of lot by structures | _____ |
| SETBACKS: Front | <u>40'</u> from property line (PL) | Parking Req'mt | <u>2</u> |
| or | _____ from center of ROW, whichever is greater | Special Conditions | _____ |
| Side | <u>35'</u> from PL | CENSUS | <u>1401</u> |
| Rear | <u>35'</u> from PL | TRAFFIC | <u>104</u> |
| Maximum Height | _____ | 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 Robert Melot Date 4-29-99

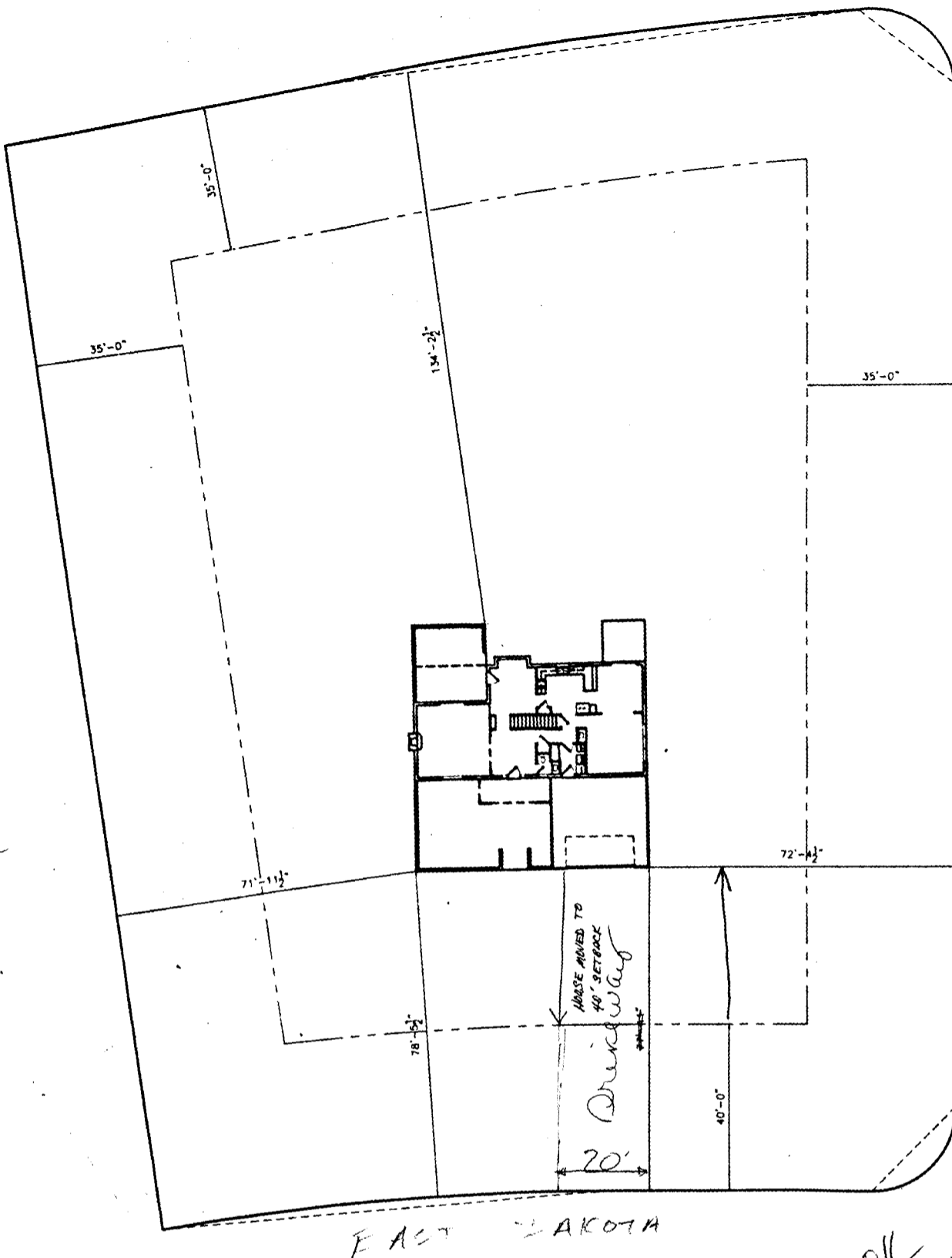
Department Approval Luis V. Bowen Date 5-4-99

Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. 12180

Utility Accounting Althe Vanover Date 5/4/99

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)



EAST LAKOTA

2220 RED
CANYON COURT
LOT 14 BLK 1
2945-193-07-014

SOUTH CANYON

Done OK
Need Work on Right of Way Permit
from Public Works for utility
Trent Dorris
4-29-99

APPROVED FOR CONSTRUCTION

L. V. Bomer 5-4-99
Community Development Department Date

PERMIT FOR ACCESS OR SURFACE ALTERATION WITHIN PUBLIC RIGHT OF WAY

Copy Distribution
 White-Contractor
 Canary-Office File
 1-Inspector
 -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) 256-4022

6181

Application For: Access Surface Alteration

Company Castle Rock Const

Concrete Curbing/Sidewalk License No. _____

Address 2220 Red Canyon Court

City Grand Junction State CO Zip Code _____

Application Date 4-30-99

Date Work to Begin 5-5-99

Anticipated Completion Date 5-20-99

Job Address or Location 2220 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.

Robert Melot 464-0189
 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 _____

Please Check Type of Work

- | | | | |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Driveway | <input type="checkbox"/> Underground Power |
| <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Curb & Gutter | <input type="checkbox"/> Telephone | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Water | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Cable T.V. | <input type="checkbox"/> Other <u>CULVERT</u> |
- Remove Existing Repair Existing Replace Existing New Installation

For Utility Work Indicate Type

- Main Line
 Service Line

Estimated Quantities

- | | |
|---|---|
| Curb, Gutter & Sidewalk _____ Lineal Feet | Sidewalk Crossing Drain _____ Each |
| b & Gutter _____ Lineal Feet | Storm Drain Inlet _____ Each |
| Sidewalk _____ Lineal Feet | Asphalt Pavement _____ Square Yards |
| Driveway Section <u>10</u> _____ Square Yards | Concrete Pavement _____ Square Yards |
| Drain Pan _____ Lineal Feet | Pipe size, type, length _____ Lineal Feet |
| Excavation Volume _____ Cubic Yards | Other _____ |

Requirements

(This Section To Be Completed By City)

Compliance Testing Requirements*

- Yes No
- Performance Guaranty
- Traffic Control Plan
- Pedestrian Safety Plan
- Inspection of Concrete Forms & Base
- Inspection of Facilities Prior to Back-Fill
- Inspection of Subgrade After Back-Fill
- Final Inspection Upon Completion of Work
- Community Development Department Approval
- End of day surface restoration required. (Surfacing material to be used _____)

*12" Pipe
 A.D.S. or Approved
 Equal*

- Backfill Compaction Test(s) AASHTO T-99
- Roadbase Compaction Test(s) AASHTO T-180
- Bituminous Pavement Compaction Test(s) AASHTO T-230
- Concrete Slump/Air Test(s) AASHTO T-119, T-152
- Concrete Compressive Strength AASHTO T-22, T-23
- Other Testing: _____

*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 \$ 60.00

Contractor Castle Rock Const

Surface Alteration Permit Valid For 6 Months From Date Issued

Preconstruction Inspection by: [Signature] Date 5-3-99

Public Works Permit Approval by: [Signature] Date _____

Final Inspection by: _____ Date _____

The above space is provided for a sketch of the proposed installation.
 (see additional provisions and requirements on reverse side)