

FEE \$	10.00
TCP \$	0
SIF \$	0



BLDG PERMIT NO. 71474

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG ADDRESS 1195 SANTA CLARA AVE TAX SCHEDULE NO. 2945-234-00-033

SUBDIVISION N.A. SQ. FT. OF PROPOSED BLDG(S)/ADDITION 900 ~~sq~~

FILING BLK _____ LOT _____ SQ. FT. OF EXISTING BLDG(S) 1400 ~~sq~~

(1) OWNER BILL LADD NO. OF DWELLING UNITS
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS 1195 SANTA CLARA AVE NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 2 THIS CONSTRUCTION

(1) TELEPHONE 241-5394

(2) APPLICANT GARY DE RUSH USE OF EXISTING BLDGS HOME

(2) ADDRESS 609 MEANDER DR. DESCRIPTION OF WORK AND INTENDED USE: _____

(2) TELEPHONE 260 0057 DETACHED GARAGE

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-8 Maximum coverage of lot by structures _____
 (accessory)

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

Side 3' from PL Rear 3' from PL Special Conditions _____

Maximum Height 32 ft.

CENSUS 13 TRAFFIC 44 ANNEX# _____

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 Gary D. DeRush Date 8/6/99

Department Approval Lisa V. Bowen Date 8-6-99

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

Utility Accounting Robin Overholt Date 8/6/99

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

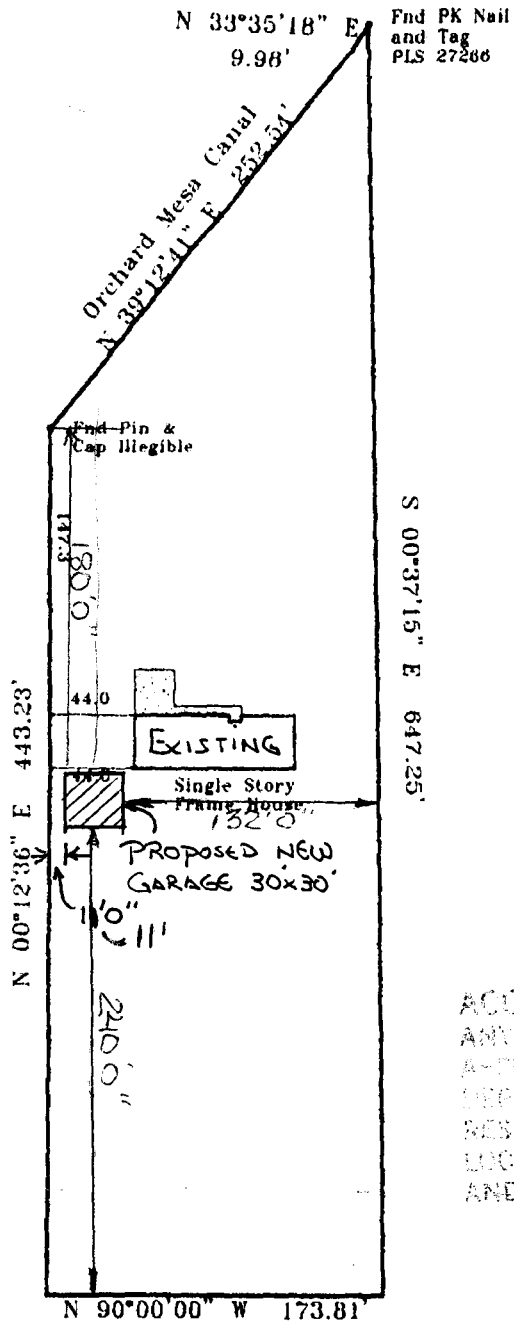
(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

Ticket # 363703

OLSON AVE



Scale 1"=100'



ACCEPTED *[Signature]* 8/1/25
 ANY CHANGE OF SETBACKS TO BE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.

Note: This Document is warranted for a period of 1 year from date of certification.