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BLD PERMIT NO. 73529

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

JK

BLDG ADDRESS 745 CENTAURI TAX SCHEDULE NO. 2701-354-31-005
 SUBDIVISION GREEN MEADOWS EST. CAMPBELL SQ. FT. OF PROPOSED BLDG(S)/ADDITION 300 sq ft
 FILING _____ BLK #2 LOT 9 SQ. FT. OF EXISTING BLDG(S) 2775 sq ft.
 (1) OWNER POLAND: ALLA REYNOLDS NO. OF DWELLING UNITS
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 745 CENTAURI
 NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT KEYSTONE CUSTOM BUILDERS USE OF EXISTING BLDGS SINGLE FAM RESIDENCE
 (2) ADDRESS P.O. BOX 1807 GJ, CO 81502 DESCRIPTION OF WORK AND INTENDED USE: _____
 (2) TELEPHONE 243-9428 REMODEL & 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 RSF-2 Maximum coverage of lot by structures _____
 SETBACKS: Front _____ from property line (PL)
 or 45' from center of ROW, whichever is greater Parking Req'mt _____
 Side 15' from PL Rear 30' from PL Special Conditions _____
 Maximum Height _____ CENSUS 10 TRAFFIC 21 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 [Signature] Date 1/14/2000
 Department Approval [Signature] Date 1/14/2000

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

Utility Accounting [Signature] Date 1/14/00

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)

