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| FEE \$ | 5 ⁰⁰ |
| TCP \$ | — |
| SIF \$ | — |



BLDG PERMIT NO. 73789

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG ADDRESS 2486 F. ROAD #15 TAX SCHEDULE NO. 2945-044-05-003
 SUBDIVISION PARKWEST SQ. FT. OF PROPOSED BLDG(S)/ADDITION 1500
 FILING _____ BLK _____ LOT 1 SQ. FT. OF EXISTING BLDG(S) 10,000
 (1) OWNER Wylie Miller NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 0 THIS CONSTRUCTION
 (1) ADDRESS 798 Jordanna
 NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (1) TELEPHONE 345-6145 USE OF EXISTING BLDGS Commercial
 (2) APPLICANT Constructors West DESCRIPTION OF WORK AND INTENDED USE:
 (2) ADDRESS 2818 1/2 NORTH AVE Tenant Finish #15
 (2) TELEPHONE 341-5457

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 PB Maximum coverage of lot by structures _____
 SETBACKS: Front _____ from property line (PL)
 or _____ from center of ROW, whichever is greater Parking Req'mt _____
 Side _____ from PL Rear _____ from PL Special Conditions Interior Only
 Maximum Height _____ CENSUS 9 TRAFFIC 4 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 Bruce McNeal Date 2-2-00
 Department Approval Antea J. Castells @/6 4/6/00 Date 2/3/00

Additional water and/or sewer tap fee(s) are required: YES _____ NO X W/O No. _____
 Utility Accounting Debi Oberholt Date 2/3/00

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)