

Remodel

FEE \$	10 ⁰⁰
TCP \$	—
SIF \$	—

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 74261



Your Bridge to a Better Community

10918-12121

BLDG ADDRESS 103 Miriam SQ. FT. OF PROPOSED BLDGS/ADDITION 12 X 20
 TAX SCHEDULE NO. 2945-252-12-001 SQ. FT. OF EXISTING BLDGS 2600 ±
 SUBDIVISION Artesa Heights TOTAL SQ. FT. OF EXISTING & PROPOSED _____
 FILING _____ BLK 4 LOT 3 NO. OF DWELLING UNITS:
 Before: 1 After: 1 this Construction
 (1) OWNER Earl + Marilyn Oette NO. OF BUILDINGS ON PARCEL
 Before: 2 After: 2 this Construction
 (1) ADDRESS 103 Miriam St USE OF EXISTING BUILDINGS Home
 (1) TELEPHONE 2422289 DESCRIPTION OF WORK & INTENDED USE Bedroom
 (2) APPLICANT Earl + Marilyn Oette TYPE OF HOME PROPOSED:
 (2) ADDRESS 103 Miriam _____ Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 (2) TELEPHONE 2422289 _____ Other (please specify) _____

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 4570
 SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES NO _____
 or 45' from center of ROW, whichever is greater
 Side 5' from PL, Rear 15' from PL Parking Req'mt _____
 Maximum Height 32' Special Conditions _____
 CENSUS 13 TRAFFIC 80 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).

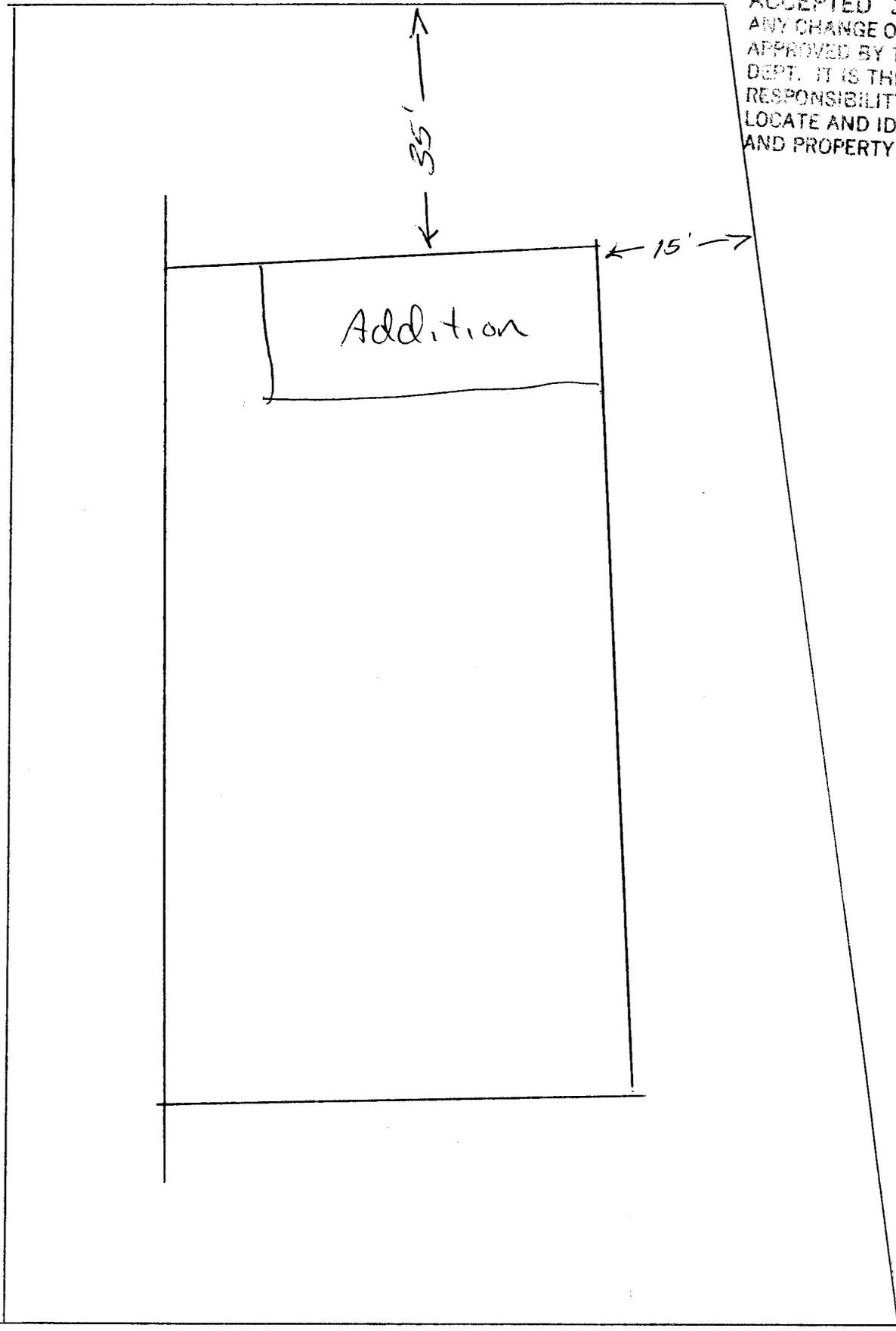
Applicant Signature Earl Oette Date 03-14-00
 Department Approval Santa Costello Date 03-14-00

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>No chg in use</u>
Utility Accounting	<u>M Cole</u>	Date	<u>3/14/00</u>

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)

ACCEPTED SIC 3-14-00
ANY CHANGE OF SETBACKS MUST BE
APPROVED BY THE CITY PLANNING
DEPT. IT IS THE APPLICANT'S
RESPONSIBILITY TO PROPERLY
LOCATE AND IDENTIFY EASEMENTS
AND PROPERTY LINES.



Miriam Ave