

FEE \$	10 ⁰⁰
TCP \$	0
SIF \$	292.00

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 73872



Your Bridge to a Better Community

BLDG ADDRESS 485 495 W. NIAGARA CIRCLE SQ. FT. OF PROPOSED BLDGS/ADDITION 1165

TAX SCHEDULE NO. 2943-182-19-014 SQ. FT. OF EXISTING BLDGS NA

SUBDIVISION NIAGARA VILLAGE TOTAL SQ. FT. OF EXISTING & PROPOSED _____

FILING 2 BLK 1 LOT 18 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction

(1) OWNER _____ NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction

(1) ADDRESS _____ USE OF EXISTING BUILDINGS _____

(1) TELEPHONE _____ DESCRIPTION OF WORK & INTENDED USE _____

(2) APPLICANT BELL COUNTRY HOMES TYPE OF HOME PROPOSED:
 _____ Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 _____ Other (please specify) _____

(2) ADDRESS 2122 HWY 6450

(2) TELEPHONE 970-243-5300

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 R 5.8 Maximum coverage of lot by structures _____

SETBACKS: Front 15 from property line (PL) Permanent Foundation Required: YES _____ NO _____
 or _____ from center of ROW, whichever is greater

Side 7.5 from PL, Rear 7.5 from PL Parking Req'mt _____

Maximum Height _____ Special Conditions _____

CENSUS 7 TRAFFIC 39 ANN# _____

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 [Signature] Date 2-9-00

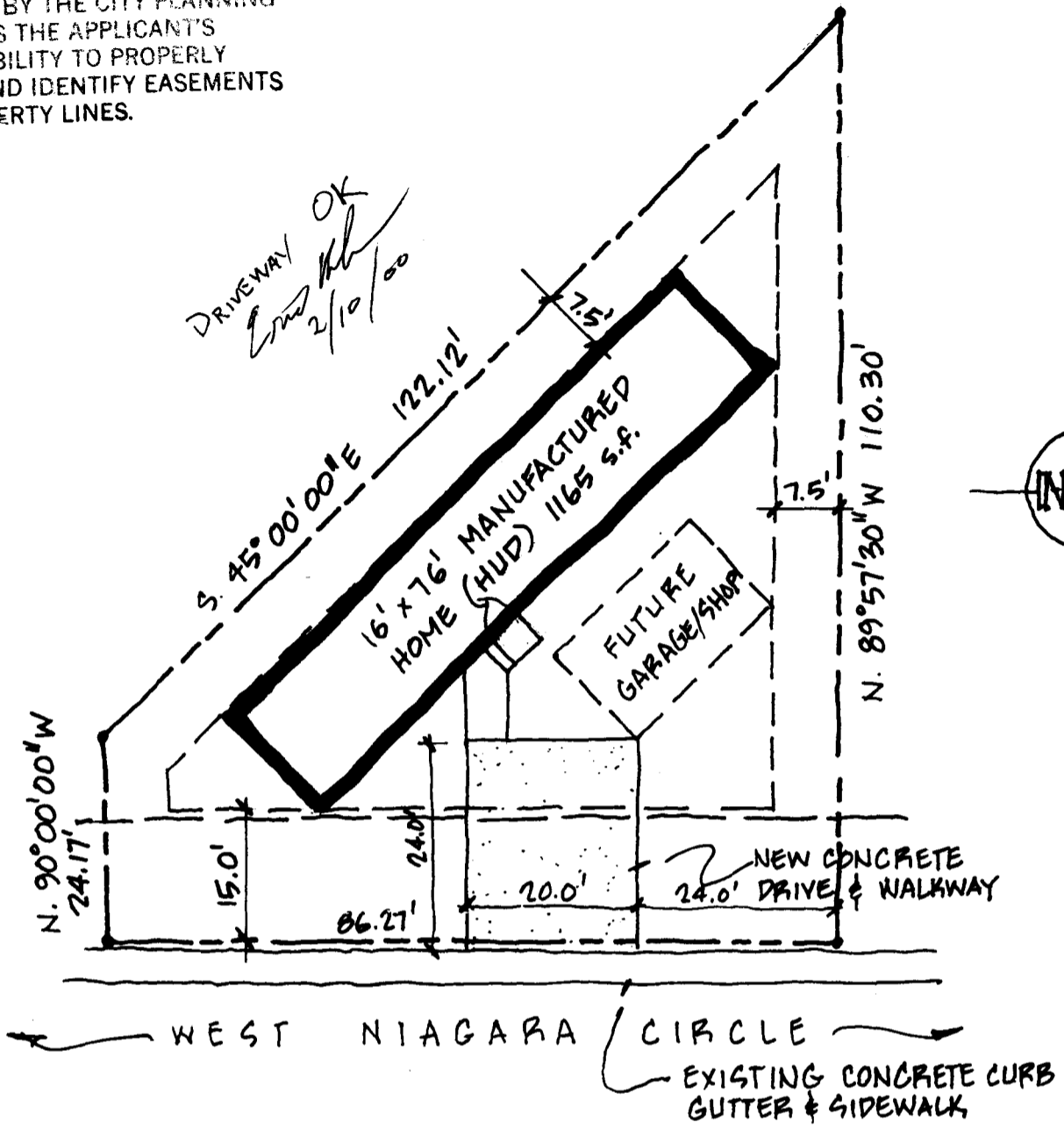
Department Approval [Signature] Date 2-14-2000

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	W/O No. <u>12855</u>
Utility Accounting	<u>C. Bensley</u>		Date <u>2/14/00</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 *BP* 2-14-2000
 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.



485 WEST NIAGARA CIRCLE
GRAND JUNCTION, CO 81505

PLOT PLAN
 1" = 20'

DATE: 2-8-00

51590

Fax to: SCOVILL LOYD

Phone Number: 970-243-4502

COLORADO DEPT OF PUBLIC HEALTH and ENVIRONMENT
222 S. 6th St., Rm 232, Grand Junction CO 81501-2768 Telephone: 970-248-7164

GAMMA RADIATION SURVEY - REPORT FROM RECORDS

Date:	2/7/2000	CITY	0240
Location No.:	51590	COUNTY	077
Address:	00495 W NIAGARA CIR		N/R
Unit or Space #			
Tax Parcel No.	2943-182-19-001	Code (Circle one):	② 16
Owner	ACERS D+ROBINSON L		
Occupant	ACERS D+ROBINSON L		
Comment:	BPR MOB HM 16X76 L13B1F2 NIAGARA VILLAGE		

Survey Requested by: SCOVILL LOYD

Phone:

Date: 2/7/2000

Type of Request: MOB HME



No field survey required based on record review of the vicinity of the building site. No tailings deposits were identified from available records that would affect the construction site.

Prepared by: A. [Signature]

Office Correction: _____

Address Correction per: _____