

| | |
|---------|-------|
| FEES \$ | 10.00 |
| TCP \$ | — |
| SIF \$ | — |

PLANNING CLEARANCE
 (Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 74753



Your Bridge to a Better Community

BLDG ADDRESS 2435 E. PIAZZA CT. SQ. FT. OF PROPOSED BLDGS/ADDITION 396 SQ. FT.
 TAX SCHEDULE NO. 2945-011-77-009 SQ. FT. OF EXISTING BLDGS 2140 SQ. FT.
 SUBDIVISION VISTA DEL NORTE TOTAL SQ. FT. OF EXISTING & PROPOSED 2536 SQ. FT.
 FILING 1 BLK 3 LOT 9 NO. OF DWELLING UNITS:
 Before: 1 After: 1 this Construction
 (1) OWNER RONALD SORENSEN NO. OF BUILDINGS ON PARCEL
 Before: 1 After: 1 this Construction
 (1) ADDRESS 2435 E. PIAZZA CT. USE OF EXISTING BUILDINGS RESIDENCE
 (1) TELEPHONE (970) 244-8568 DESCRIPTION OF WORK & INTENDED USE COVER AND
 (2) APPLICANT RONALD SORENSEN ENCLOSE PATIO
 (2) ADDRESS 2435 E. PIAZZA CT. TYPE OF HOME PROPOSED:
 (2) TELEPHONE (970) 244-8568 Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 Other (please specify) ADD SUNROOM

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 RR-2 Maximum coverage of lot by structures _____
 SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES _____ NO _____
 or _____ from center of ROW, whichever is greater
 Side 5' from PL, Rear 15' from PL Parking Req'mt _____
 Maximum Height _____ Special Conditions _____
 CENSUS _____ TRAFFIC _____ 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 Ronald V. Sorenson Date 4-13-00
 Department Approval Y/Steve Oregon Date 4/13/00

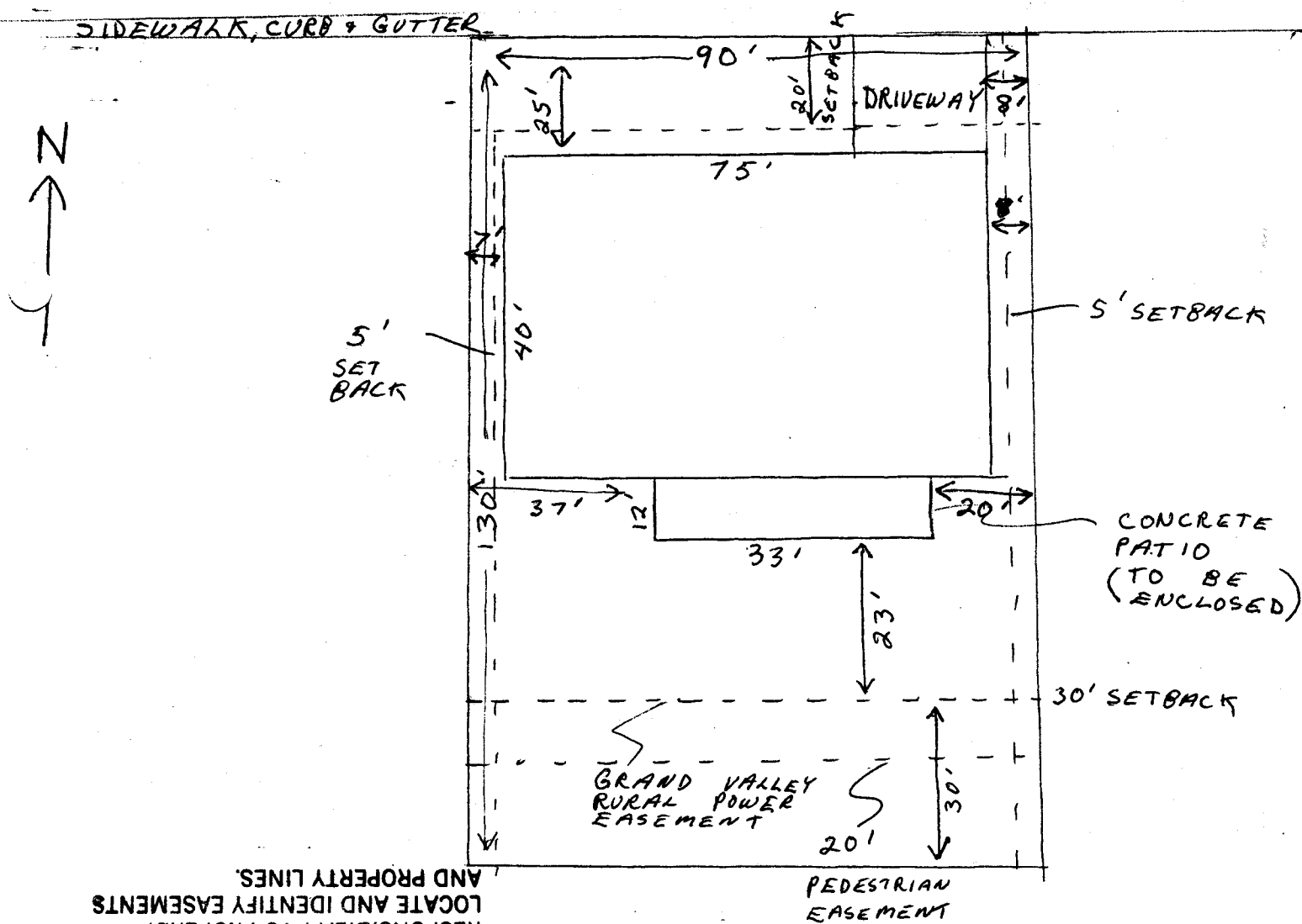
| | | | |
|--|-------------------------|--|---------------------|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. _____ |
| Utility Accounting | <u>Rebecca Overholt</u> | | Date <u>4/13/00</u> |

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)

PIAZZA CT

243.5



ACCEPTED
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.

W. M. Morgan
4/13