

FEE \$	10 ⁰⁰
TCP \$	—
SIF \$	—

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG PERMIT NO. 77181



Your Bridge to a Better Community

BLDG ADDRESS 313 RIMROCK CT, SQ. FT. OF PROPOSED BLDGS/ADDITION 7813

TAX SCHEDULE NO. 2945-302-09-003 SQ. FT. OF EXISTING BLDGS _____

SUBDIVISION MONUMENT VALLEY TOTAL SQ. FT. OF EXISTING & PROPOSED _____

FILING 5 BLK 3 LOT 3 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction

(1) OWNER GREG + KAREN URBAN NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction

(1) ADDRESS 312 RIMROCK CT. USE OF EXISTING BUILDINGS _____

(1) TELEPHONE 256-1230 DESCRIPTION OF WORK & INTENDED USE CONST NEW RESIDENCE

(2) APPLICANT DAWAYNE MARTIN INC. TYPE OF HOME PROPOSED:
 Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 _____ Other (please specify) _____

(2) ADDRESS 1712 GLENWOOD AVE.

(2) TELEPHONE 243-7365

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 TR 1.6 Maximum coverage of lot by structures _____

SETBACKS: Front 40' from property line (PL) Permanent Foundation Required: YES X NO _____
 or _____ from center of ROW, whichever is greater

Side 35' from PL, Rear 35' from PL Parking Req'mt 2

Maximum Height _____ Special Conditions _____

CENSUS 1401 TRAFFIC 64 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 Dawayne Martin Date 10-6-2000

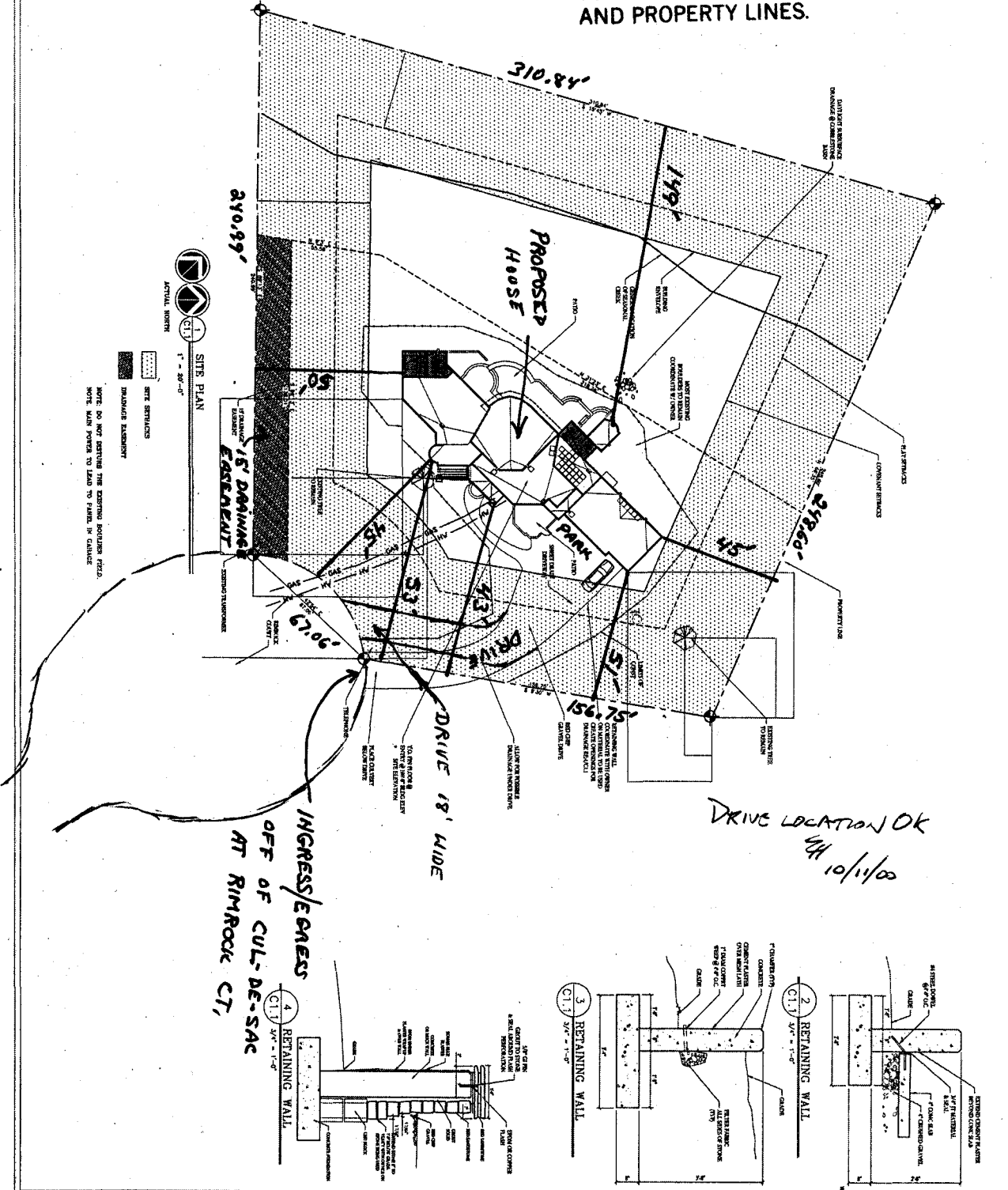
Department Approval Seveta J. Castello Date 10-12-00

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>13476</u>
Utility Accounting <u>Ch Cole</u>	Date <u>10-12-00</u>		

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

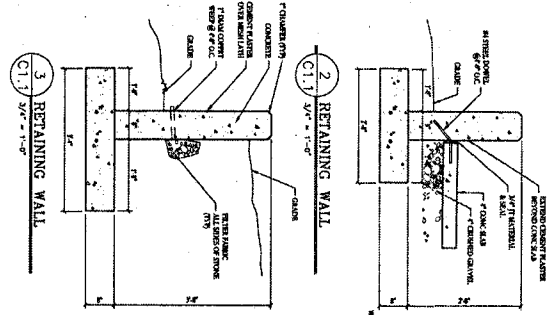
(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

ACCEPTED *SLC 10/17/00*
 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.



DRIVE LOCATION OK
10/10/00

INGRESS/EGRESS OFF OF CUL-DE-SAC AT RIMROCK CT,



Sheet No.	Cl.1
Project No.	
Date	
Drawn By	J. Johnson
Checked By	March 31, 2000
Project	
Scale	
Author	Center Sky
Client	

URBAN RESIDENCE
 313 Rimrock Court
 Grand Junction, Colorado 81503

CENTRE SKY ARCHITECTURE, L.T.D.
 ARCHITECTURE • PLANNING

PERMIT FOR ACCESS OR SURFACE ALTERATION WITHIN PUBLIC RIGHT OF WAY

Copy Distribution
 White-Contractor
 Canary-Office File
 Green-Inspector
 Pink-Street Supt.

CITY OF GRAND JUNCTION
 250 North Fifth Street
 Grand Junction, CO 81501

Department of Public Works
 Engineering Division
 Phone (970) 244-1555
 Fax (970) 256-4022

6972

Application For: Access Surface Alteration

Company DAWAYNE MARTIN INC
General Contractor 2260421
 Concrete Curbing/Sidewalk License No. _____

Address 1712 GLENWOOD AVE.

City GRAND JCT. State CO Zip Code 81501

Application Date 10-11-2000

Date Work to Begin _____

Anticipated Completion Date _____

Job Address or Location 313 RIMROCK CT.

Responsible Charge

In accepting this permit the undersigned, representing the Permittee, verifies that he has read and understands all the provisions and requirements of this permit; that he has authority to sign for and bind the Permittee; and by virtue of his signature the Permittee is bound by and agrees to comply with all City ordinances, standards and specifications regulating construction.

DAWAYNE MARTIN 243-7365
 Responsible Construction Supervisor Phone No.

DARRYL MARTIN 243-7194
 Alternate Responsible Person Phone No.

DAWAYNE MARTIN 243-7365
 After Working Hours Contact Phone No.

Type of Performance/Warranty Guarantee _____

In the amount of _____

Please Check Type of Work

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Irrigation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driveway	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Underground Power
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Storm Sewer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Curb & Gutter	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Telephone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gas
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sidewalk	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cable T.V.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____

Remove Existing Repair Existing Replace Existing New Installation

For Utility Work
Indicate Type

Main Line
 Service Line

Estimated Quantities

Curb, Gutter & Sidewalk _____ Lineal Feet	Sidewalk Crossing Drain _____ Each
Curb & Gutter _____ Lineal Feet	Storm Drain Inlet _____ Each
Sidewalk _____ Lineal Feet	Asphalt Pavement _____ Square Yards
Driveway Section _____ Square Yards	Concrete Pavement _____ Square Yards
Drain Pan _____ Lineal Feet	Pipe size, type, length <u>12" 28 lin ft.</u> Lineal Feet
Excavation Volume _____ Cubic Yards	Other _____

<u>Requirements</u>	(This Section To Be Completed By City)	<u>Compliance Testing Requirements*</u>
Yes No <input type="checkbox"/> <input type="checkbox"/> Performance Guaranty <input type="checkbox"/> <input type="checkbox"/> Traffic Control Plan <input type="checkbox"/> <input type="checkbox"/> Pedestrian Safety Plan <input type="checkbox"/> <input type="checkbox"/> Inspection of Concrete Forms & Base <input type="checkbox"/> <input type="checkbox"/> Inspection of Facilities Prior to Back-Fill <input type="checkbox"/> <input type="checkbox"/> Inspection of Subgrade After Back-Fill <input type="checkbox"/> <input type="checkbox"/> Final Inspection Upon Completion of Work <input type="checkbox"/> <input type="checkbox"/> Community Development Department Approval <input type="checkbox"/> <input type="checkbox"/> End of day surface restoration required. (Surfacing material to be used _____)		<input type="checkbox"/> Backfill Compaction Test(s) AASHTO T-99 <input type="checkbox"/> Roadbase Compaction Test(s) AASHTO T-180 <input type="checkbox"/> Bituminous Pavement Compaction Test(s) AASHTO T-230 <input type="checkbox"/> Concrete Slump/Air Test(s) AASHTO T-119, T-152 <input type="checkbox"/> Concrete Compressive Strength AASHTO T-22, T-23 <input type="checkbox"/> Other Testing: _____

* All compliance testing shall be performed by a qualified independent laboratory. Frequency of testing shall be in accordance with city specifications.

(Water Conservancy Districts Exempt)

	<u>Permit Fee</u>
Curbing/Sidewalk/Driveway Permit (\$60)	\$ _____
Pavement Cut/Excavation Permit (\$60)	\$ _____
Plus \$0.10 per linear foot of trench over 100' in length	\$ _____
Other	\$ _____
Total Permit Fees	\$ <u>NC</u>
Contractor <u>Dawayne Martin</u>	

Surface Alteration Permit Valid For 6 Months From Date Issued

Preconstruction Inspection by: _____ Date _____

Public Works Permit Approval by: [Signature] 10/14/00
 Date

Final Inspection by: _____ Date _____

Driveway culvert installation

The above space is provided for a sketch of the proposed installation.
 (see additional provisions and requirements on reverse side)