

FEES \$ <u>10.00</u>
TCP \$
SIF \$

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 80016



Your Bridge to a Better Community

59397-27633

BLDG ADDRESS 399 BUTTE CT SQ. FT. OF PROPOSED BLDGS/ADDITION 200 SF

TAX SCHEDULE NO. 2945-174-41-004 SQ. FT. OF EXISTING BLDGS 1600

SUBDIVISION COBBLESTONE RIDGES TOTAL SQ. FT. OF EXISTING & PROPOSED 1800

FILING _____ BLK _____ LOT _____

(1) OWNER BRIAN GROVES

(1) ADDRESS 399 BUTTE CT

(1) TELEPHONE 970-260-3948

(2) APPLICANT SAME

(2) ADDRESS SAME

(2) TELEPHONE SAME

NO. OF DWELLING UNITS:
 Before: 1 After: 1 this Construction

NO. OF BUILDINGS ON PARCEL
 Before: 1 After: 1 this Construction

USE OF EXISTING BUILDINGS HOME

DESCRIPTION OF WORK & INTENDED USE Addition

TYPE OF HOME PROPOSED:
 Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 Other (please specify) ADDITION

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 PD

Maximum coverage of lot by structures _____

SETBACKS: Front 20' from property line (PL)
 or _____ from center of ROW, whichever is greater

Permanent Foundation Required: YES NO _____

Side 5' from PL, Rear 10' from PL

Parking Req'mt 2

Maximum Height _____

Special Conditions _____

CENSUS 1401 TRAFFIC 96 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 [Signature]

Date 3/26/01

Department Approval [Signature]

Date 5/23/01

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. <u>no bathroom</u>
Utility Accounting	<u>[Signature]</u>	Date	<u>5/23/01</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 *Alaska Dragon 5/23/01*
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.

399 BUTTE CT.

