

FEE \$	10.00
FCP \$	0
SIF \$	0

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 78500



Your Bridge to a Better Community

BLDG ADDRESS 583 1/2 GRAND (N. SEAD) SQ. FT. OF PROPOSED BLDGS/ADDITION 1800

TAX SCHEDULE NO. 2943-072-19-017 SQ. FT. OF EXISTING BLDGS -

SUBDIVISION DINOSAUR SW #3 TOTAL SQ. FT. OF EXISTING & PROPOSED 1800

FILING # 3 BLK _____ LOT 4 NO. OF DWELLING UNITS:
 Before: _____ After: 1 this Construction

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

(1) ADDRESS Box 2743 g.j.G. 81502 USE OF EXISTING BUILDINGS _____

(1) TELEPHONE 241-2672 DESCRIPTION OF WORK & INTENDED USE New House

(2) APPLICANT EBE - ESLAMI TYPE OF HOME PROPOSED:
 Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 _____ Other (please specify) _____

(2) ADDRESS As Above

(2) TELEPHONE _____

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) Permanent Foundation Required: YES _____ NO _____
 or _____ from center of ROW, whichever is greater

Side 0' from PL, Rear 0' from PL Parking Req't 2

Maximum Height _____ Special Conditions _____

CENSUS 6 TRAFFIC 29 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 _____

Department Approval [Signature] Date 1/29/01

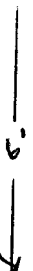
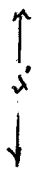
Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO, _____	W/O No. <u>13680</u>
Utility Accounting <u>[Signature]</u>		Date <u>1/29/01</u>	

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

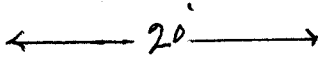
(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

GRAND CASCAD CT.

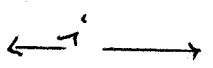
PROPERTY LINE



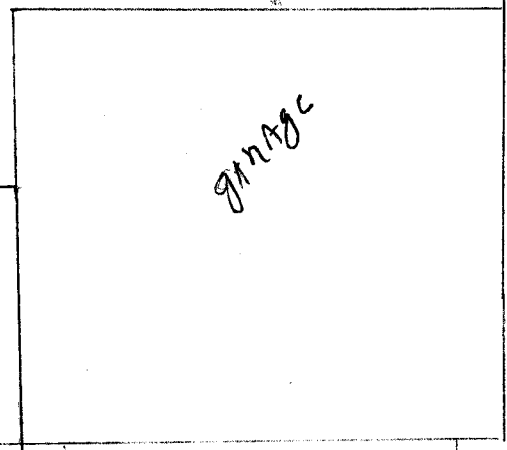
LOT 4
DINOSAUR SUBDIVISION
#3



PROPERTY LINE

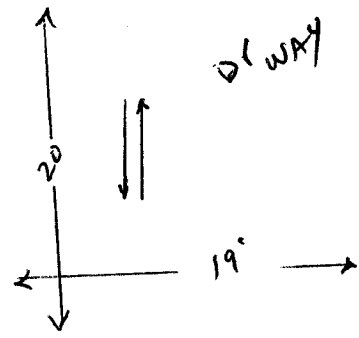


ACCEPTED *C. J. Wilson*
ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.

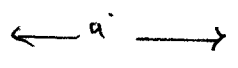


GARAGE

DRIVE OK
David R. Donohue
12/19/2000
DEVELOPMENT ENGINEERING



DRIVE



583 1/2

GRAND CASCAD WAY