

FEE \$	N/A
TCP \$	—
SIF \$	—

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 80432



Your Bridge to a Better Community

BLDG ADDRESS 1915 Palisade

TAX SCHEDULE NO. 2945 261 1600 2
Garage - 2945 261 1600 3

SUBDIVISION Orchard Mesa Heights

FILING 48999 BLK 21 LOT 34,5,6 /
In Block 21

(1) OWNER Steve/Cynthia GARNER

(1) ADDRESS 1915 Palisade

(1) TELEPHONE 970-241-1701

(2) APPLICANT Steve GARNER

(2) ADDRESS Same as above

(2) TELEPHONE " " "

SQ. FT. OF PROPOSED BLDGS/ADDITION None just filling in garage door

SQ. FT. OF EXISTING BLDGS 1320

TOTAL SQ. FT. OF EXISTING & PROPOSED N/A

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

NO. OF BUILDINGS ON PARCEL:
 Before: 2 After: 2 this Construction

USE OF EXISTING BUILDINGS Grain house - living quarters garage + game room

DESCRIPTION OF WORK & INTENDED USE remove garage door put in windows - use for game/music rooms

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

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 RMF-8

SETBACKS: Front 25' from property line (PL)
 or _____ from center of ROW, whichever is greater

Side 3' from PL, Rear 5' from PL

Maximum Height 35'

Maximum coverage of lot by structures 70%

Permanent Foundation Required: YES _____ NO _____

~~Parking Requirement~~ Int. Remodel SF Res.

Special Conditions Not to be used as 2nd unit. 2nd unit would req. a review process

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 Steve Garner Date 6/27/01

Department Approval Ante Costello Date 6/27/01

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>—</u>
Utility Accounting	<u>Kate Holt</u>		Date <u>6/27/01</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)