

FEE \$	10.00
TCP \$	500.00
SIF \$	292.00

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

BLDG PERMIT NO. 61789



Your Bridge to a Better Community

BLDG ADDRESS 444 Seasons Drive SQ. FT. OF PROPOSED BLDGS/ADDITION 4581
 TAX SCHEDULE NO. 2947-271-14-016 SQ. FT. OF EXISTING BLDGS ---
 SUBDIVISION The Seasons TOTAL SQ. FT. OF EXISTING & PROPOSED 4581
 FILING 5 BLK --- LOT 16 NO. OF DWELLING UNITS:
 Before: --- After: 2 this Construction
 (1) OWNER Bill & Debbie Varecha NO. OF BUILDINGS ON PARCEL
 Before: --- After: 2 this Construction
 (1) ADDRESS 453 Whitetail Ln USE OF EXISTING BUILDINGS single family residence
 (1) TELEPHONE 243-2666 DESCRIPTION OF WORK & INTENDED USE Single family residence
 (2) APPLICANT Maves Const. TYPE OF HOME PROPOSED:
 (2) ADDRESS 1445 Castle Ct. Site Built Manufactured Home (UBC)
 (2) TELEPHONE 858-9642 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 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 20' from PL, Rear 46'-91' from PL Parking Req'mt 2
 Maximum Height 26' Special Conditions _____
 CENSUS 1401 TRAFFIC 66 ANN# _____

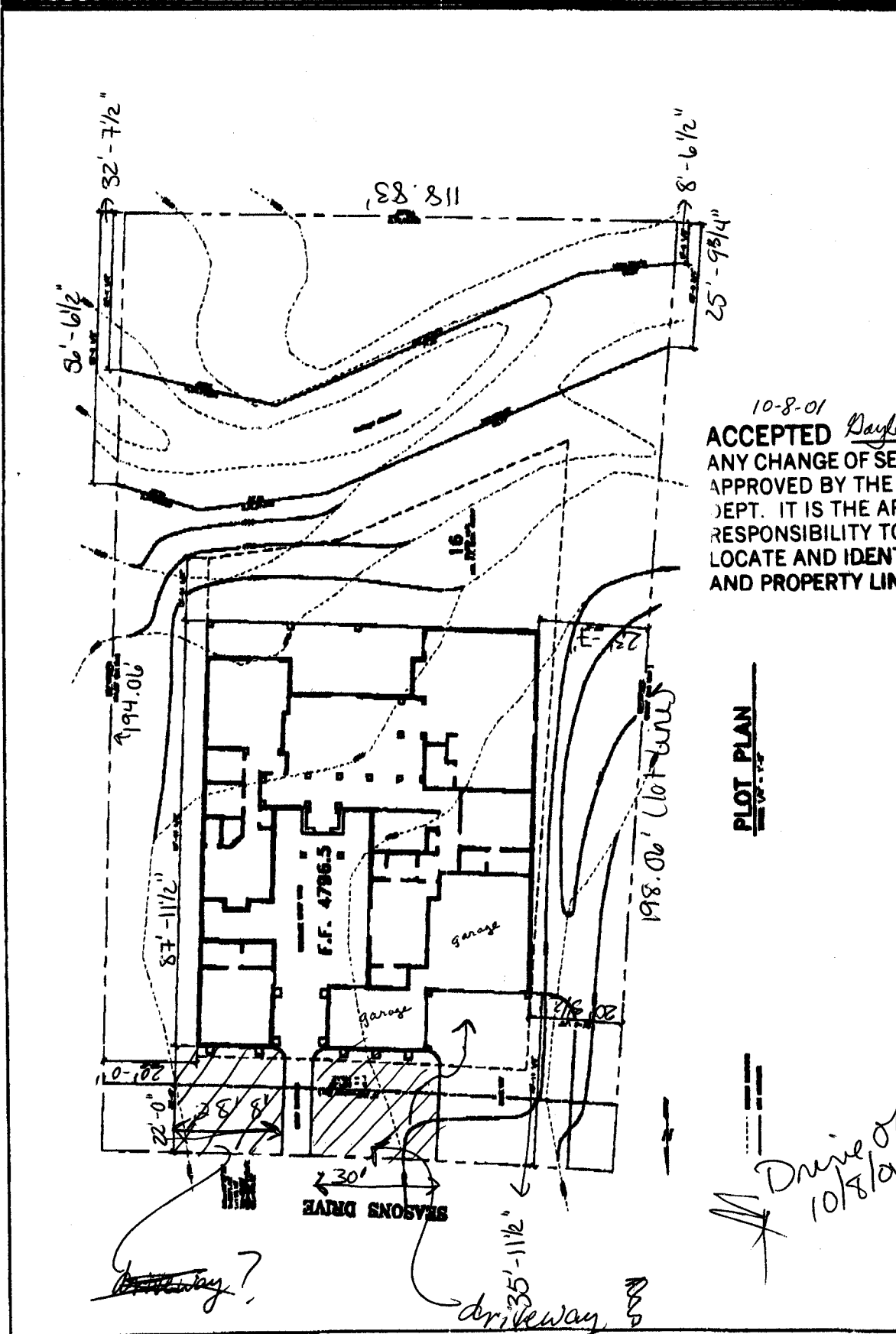
Modifications to this Planning Clearance must be approved, in writing, by the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building Department (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 [Signature] Date 10-4-01
 Department Approval [Signature] Date 10-8-01

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	W/O No <u>16303</u>
Utility Accounting <u>[Signature]</u>	Date <u>10-8-01</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)



10-8-01
 ACCEPTED *Daylan Henderson*
 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.

PLOT PLAN

*Driveway
 10/8/01*