

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

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

BLDG PERMIT NO. N/A



Your Bridge to a Better Community

BLDG ADDRESS 630 Shadowood Ct SQ. FT. OF PROPOSED BLDGS/ADDITION 48

TAX SCHEDULE NO. 2945-034-68-008 SQ. FT. OF EXISTING BLDGS 1513

SUBDIVISION Fall Valley TOTAL SQ. FT. OF EXISTING & PROPOSED 1561

FILING 3 BLK 2 LOT 3 NO. OF DWELLING UNITS:  
 Before: 1 After: 1 this Construction

(1) OWNER Les + Darlene Wilkinson NO. OF BUILDINGS ON PARCEL  
 Before: 1 After:        this Construction

(1) ADDRESS same USE OF EXISTING BUILDINGS residential

(1) TELEPHONE 243-4042 DESCRIPTION OF WORK & INTENDED USE Storage shed

(2) APPLICANT same TYPE OF HOME PROPOSED:  
 \_\_\_\_\_ Site Built \_\_\_\_\_ Manufactured Home (UBC)  
 \_\_\_\_\_ Manufactured Home (HUD)  
 \_\_\_\_\_ Other (please specify) \_\_\_\_\_

(2) ADDRESS \_\_\_\_\_

(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 15' from property line (PL) Permanent Foundation Required: YES \_\_\_\_\_ NO \_\_\_\_\_  
 or \_\_\_\_\_ from center of ROW, whichever is greater

Side 10' from PL, Rear 20' from PL Parking Req'mt \_\_\_\_\_

Maximum Height \_\_\_\_\_ Special Conditions \_\_\_\_\_

CENSUS 10 TRAFFIC 19 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).

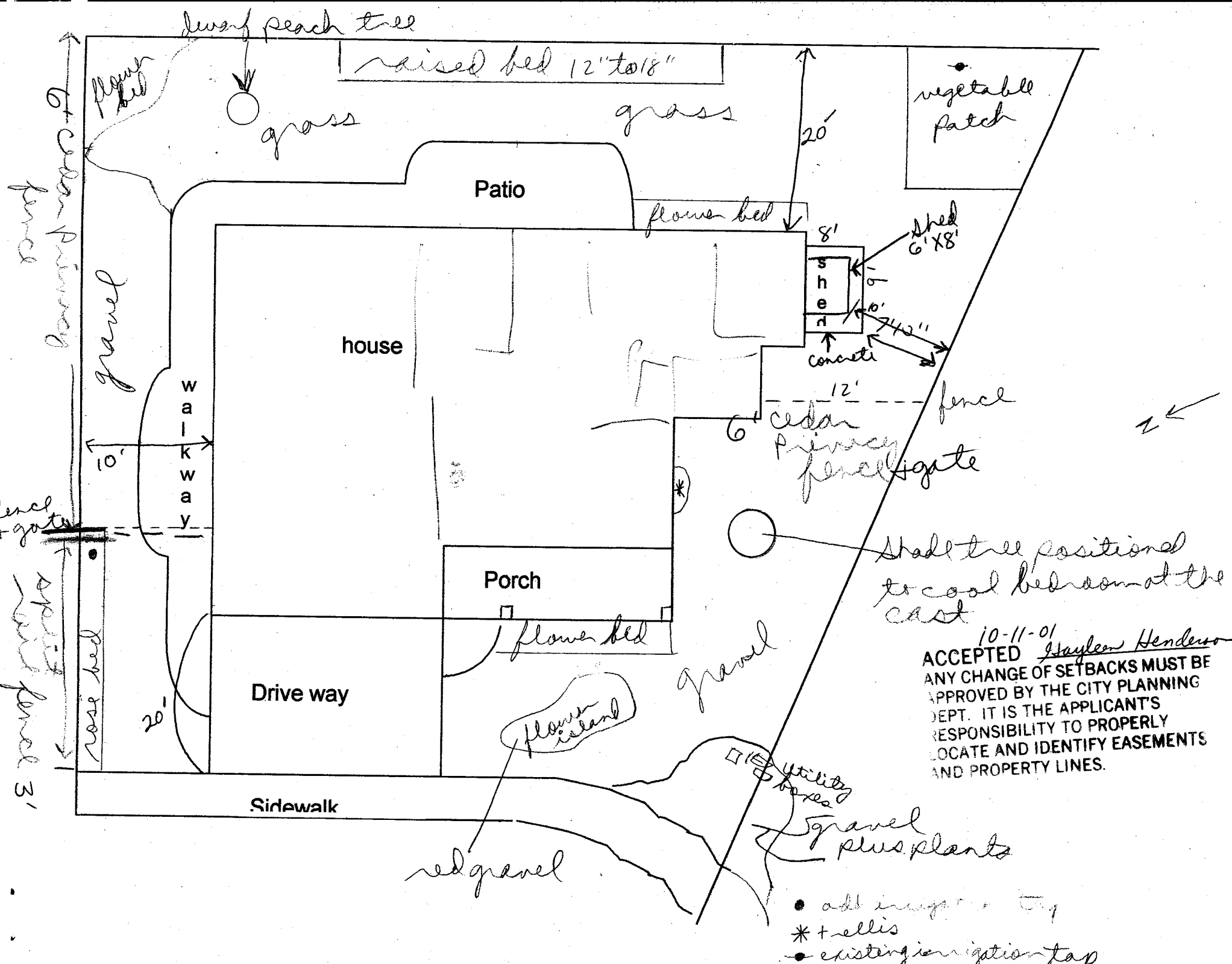
Applicant Signature Darlene Wilkinson Date 10/11/01

Department Approval Gaylen Henderson Date 10-11-01

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No
Utility Accounting	<u>Kate Holt</u>	Date <u>10/11/01</u>	<u>Existing # 33284</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)



Shed tree positioned to cool bedroom at the east

10-11-01  
 ACCEPTED Haylen 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.

- add irrigation tray
- \* + wellis
- existing irrigation tap