

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

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

BLDG PERMIT NO. 81906



Your Bridge to a Better Community

BLDG ADDRESS 641 TAMARRON RD SQ. FT. OF PROPOSED BLDGS/ADDITION 1890
 TAX SCHEDULE NO. 2943-062-35-018 SQ. FT. OF EXISTING BLDGS 0
 SUBDIVISION GRANDVIEW TOTAL SQ. FT. OF EXISTING & PROPOSED 1890
 FILING 5E4 BLK 2 LOT 5 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction
 (1) OWNER JRJ BUILDERS NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction
 (1) ADDRESS 680 SEQUEL CT USE OF EXISTING BUILDINGS _____
 (1) TELEPHONE 434-5989 DESCRIPTION OF WORK & INTENDED USE Single family
 (2) APPLICANT OWNER TYPE OF HOME PROPOSED:
 (2) ADDRESS _____ Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 (2) TELEPHONE _____ _____ 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-5 Maximum coverage of lot by structures 60%
 SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES NO _____
 or _____ from center of ROW, whichever is greater
 Side 5' from PL, Rear 25' from PL Parking Req'mt 2
 Maximum Height 35' Special Conditions _____
 CENSUS 10 TRAFFIC 22 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).

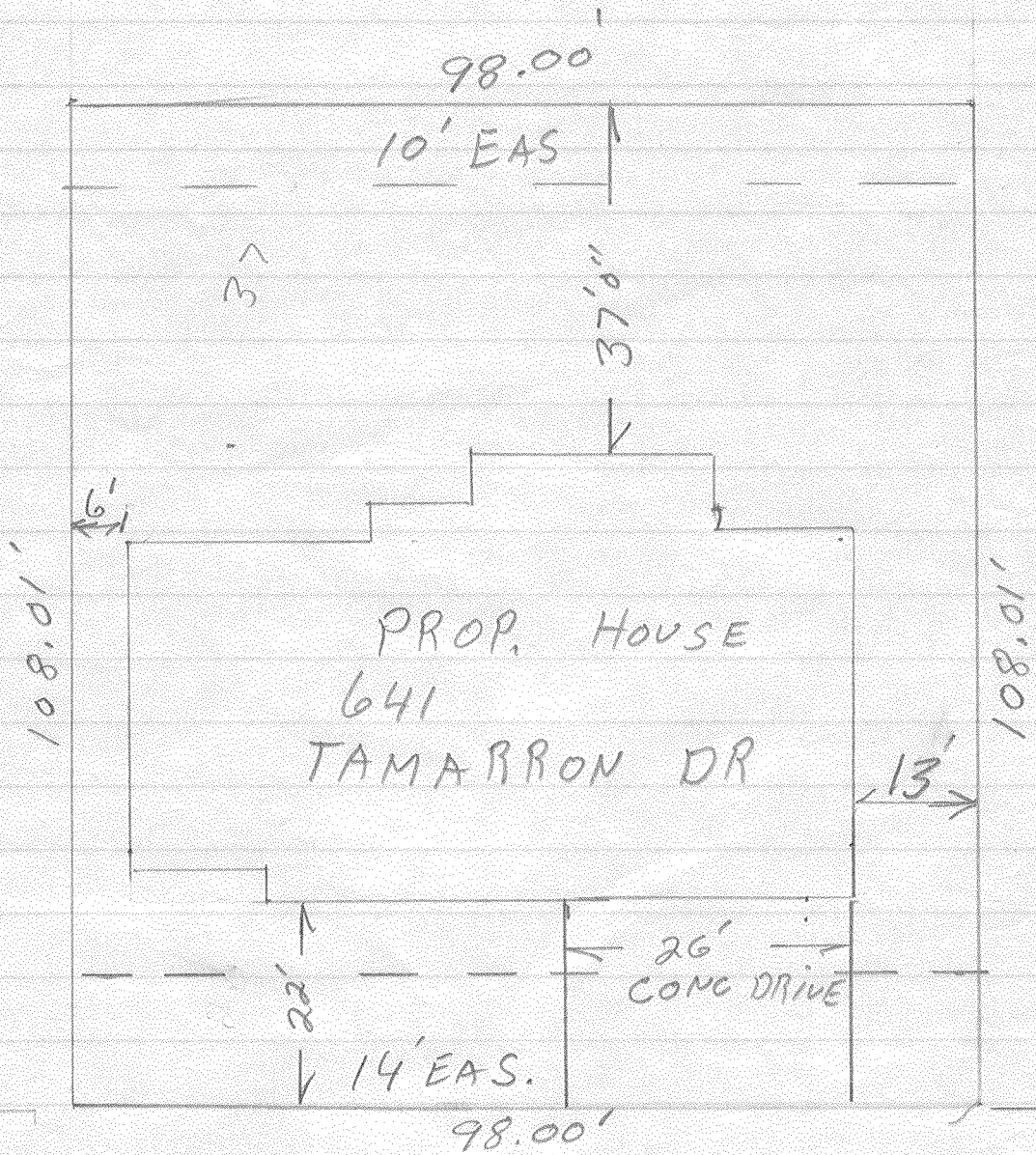
Applicant Signature LeRoy Jensen Date 10-11-01
 Department Approval Pat Bushman Date 10-16-01

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>14323</u>
Utility Accounting <u>D. Prouver</u>	Date		<u>10-16-01</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 *Pae Bushman*
ANY CHANGE OF SETBACKS MUST BE
APPROVED BY THE CITY PLANNING
DEPT. IT IS THE APPLICANT'S 10-16-01
RESPONSIBILITY TO PROPERLY
LOCATE AND IDENTIFY EASEMENTS
AND PROPERTY LINES



TAMARRON DR \xrightarrow{NTH}

DAVE OX
DAD
10/15/01