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|--------|-------|
| FEE \$ | 10.00 |
| TCP \$ | 0 |
| SIF \$ | 0 |

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 81748



Your Bridge to a Better Community

4661-25420

BLDG ADDRESS 2029 WRANGLER WAY SQ. FT. OF PROPOSED BLDGS/ADDITION 686

TAX SCHEDULE NO. 2942-152-29-007 SQ. FT. OF EXISTING BLDGS 2900

SUBDIVISION INDEPENDENCE RASCH TOTAL SQ. FT. OF EXISTING & PROPOSED 3586

FILING 1 BLK 1 LOT 7 NO. OF DWELLING UNITS:
 Before: 1 After: 1 this Construction

(1) OWNER SUSAN / WILCO WATERHOUSE NO. OF BUILDINGS ON PARCEL
 Before: 1 After: 1 this Construction

(1) ADDRESS 2029 WRANGLER WAY USE OF EXISTING BUILDINGS RESIDENCE

(1) TELEPHONE 242-3453 DESCRIPTION OF WORK & INTENDED USE ADDITION

(2) APPLICANT SKELTON CONSTRUCTION INC. TYPE OF HOME PROPOSED:
 Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 Other (please specify) _____

(2) ADDRESS P.O. Box 4247

(2) TELEPHONE 245-9008

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 6000 sq ft

SETBACKS: Front 25' from property line (PL) Permanent Foundation Required: YES X NO _____
 or _____ from center of ROW, whichever is greater

Side 10' from PL, Rear 25' from PL Parking Req'mt 2

Maximum Height 32' Special Conditions _____

CENSUS 1402 TRAFFIC 89 ANNX# _____

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).

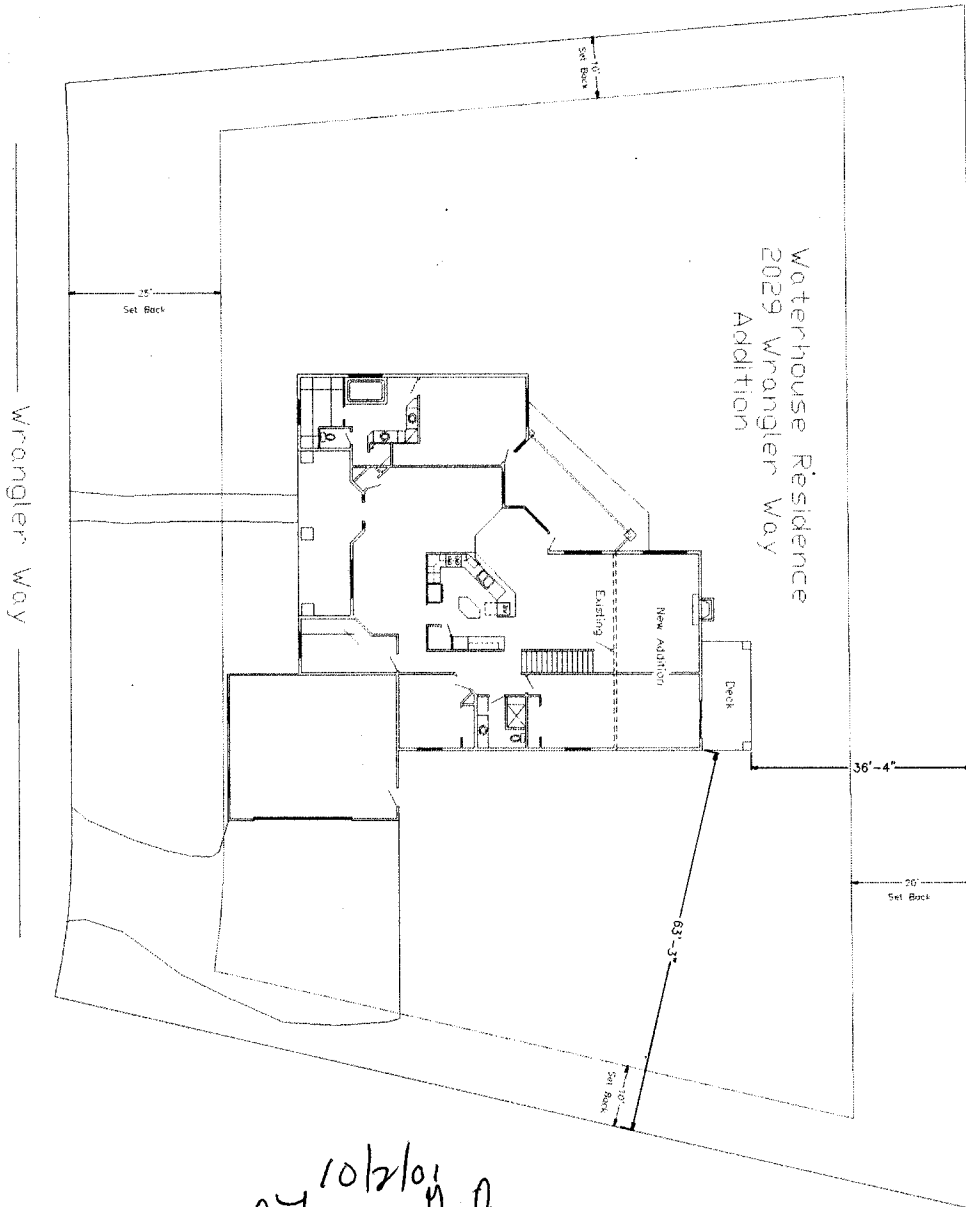
Applicant Signature [Signature] Date 10/1/01

Department Approval [Signature] Date 10/2/01

| | | | |
|--------------------------------------------------------|-----|----------------------------------------|----------------------------|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. <u>family room</u> |
| Utility Accounting <u>[Signature]</u> | | Date <u>10/2/01</u> | <u>interior remodel</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)



10/2/01
 ACCEPTED *C. Faye Dilsen*
 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