

FEE \$	10.00
TCP \$	0
SIF \$	0

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

BLDG PERMIT NO. 06783



Your Bridge to a Better Community

BLDG ADDRESS 312 ACOMA DR SQ. FT. OF PROPOSED BLDGS/ADDITION 288 SF
 TAX SCHEDULE NO. 2945-244-34-002 SQ. FT. OF EXISTING BLDGS _____
 SUBDIVISION _____ TOTAL SQ. FT. OF EXISTING & PROPOSED _____
 FILING _____ BLK _____ LOT _____ NO. OF DWELLING UNITS:
 Before: 1 After: 1 this Construction
 (1) OWNER FRANCIS WRIGHT NO. OF BUILDINGS ON PARCEL
 Before: 1 After: 1 this Construction
 (1) ADDRESS 312 ACOMA DR USE OF EXISTING BUILDINGS _____
 (1) TELEPHONE 241-3870 DESCRIPTION OF WORK & INTENDED USE GARAGE
 (2) APPLICANT CHAD SCHNEIDER TYPE OF HOME PROPOSED:
 (2) ADDRESS 2908 N. AVE G.J.W. _____ Site Built _____ Manufactured Home (UBC)
 (2) TELEPHONE 254-0460 _____ 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 Maximum coverage of lot by structures 70%
 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 10' from PL Parking Req'mt 2
 Maximum Height 35' Special Conditions _____
 CENSUS _____ TRAFFIC _____ 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 [Signature] Date 10/17/02
 Department Approval [Signature] Date 10/18/02

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No.
Utility Accounting	<u>Marshall</u>	Date	<u>10/17/02</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 *Ashe Oregon 10/17/02*
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

