

FEES <u>10⁰⁰</u>
TCP \$
SIF \$

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

BLDG PERMIT NO. 85888



Your Bridge to a Better Community

BLDG ADDRESS 609 28³/₄ Rd SQ. FT. OF PROPOSED BLDGS/ADDITION 1080

TAX SCHEDULE NO. 2943-064-00-028 SQ. FT. OF EXISTING BLDGS 696

SUBDIVISION _____ TOTAL SQ. FT. OF EXISTING & PROPOSED 1776

FILING _____ BLK _____ LOT _____

NO. OF DWELLING UNITS:
Before: 1 After: 1 this Construction

(1) OWNER Lee Allen NO. OF BUILDINGS ON PARCEL
Before: 1 After: 1 this Construction

(1) ADDRESS 607 28³/₄ Rd USE OF EXISTING BUILDINGS House

(1) TELEPHONE 241-1698 DESCRIPTION OF WORK & INTENDED USE Add Bed Room & Bath & Utility Room

(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 RMF-5 Maximum coverage of lot by structures 60%

SETBACKS: Front 20/25 from property line (PL) Permanent Foundation Required: YES NO _____
 or _____ from center of ROW, whichever is greater

Side 5/3 from PL, Rear 25/5 from PL Parking Req'mt 2

Maximum Height 35' Special Conditions _____

CENSUS 10 TRAFFIC 22 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 _____

Department Approval [Signature] Date 8/15/02

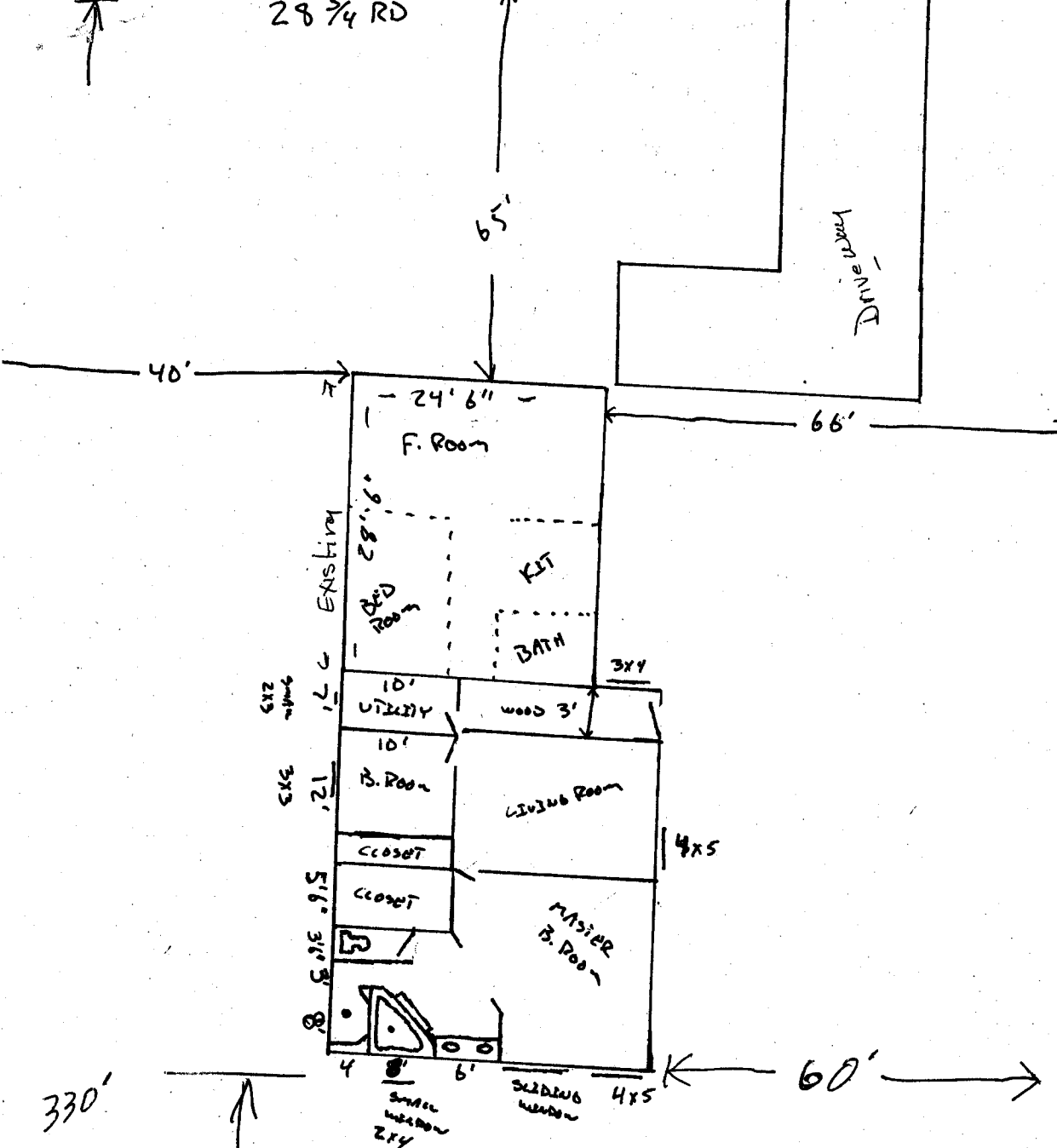
Additional water and/or sewer tap fee(s) are required:	YES	NO <u>x</u>	W/O No.
Utility Accounting	<u>[Signature]</u>		Date <u>8/15/02</u>

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)

28 3/4 RD

WOOD SHED



330'

197'

ACCEPTED *Wendy Spurr*
 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