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

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

BLDG PERMIT NO. 83232
FRP-2000-142



Your Bridge to a Better Community

BLDG ADDRESS 2485 G Fountainhead Blvd. SQ. FT. OF PROPOSED BLDGS/ADDITION 16732

TAX SCHEDULE NO. 2701-334-35015 SQ. FT. OF EXISTING BLDGS 0

SUBDIVISION Fountain Greens TOTAL SQ. FT. OF EXISTING & PROPOSED 16732

FILING 2 BLK 3 LOT 23 Acres NO. OF DWELLING UNITS:
 Before: 0 After: 0 this Construction
 NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 0 this Construction

(1) OWNER Fountain Greens LLC
1655 WALNUT ST Ste 300
 (1) ADDRESS Double Gate 80302
 (1) TELEPHONE 303-517-5825 USE OF EXISTING BUILDINGS N/A

(2) APPLICANT First Genomics Inc. DESCRIPTION OF WORK & INTENDED USE Foundation only
 (2) ADDRESS 826 2 1/2 Rd. G.T. Co. TYPE OF HOME PROPOSED:
 (2) TELEPHONE 245-9316
 Site Built Manufactured Home (UBC)
 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 7D Maximum coverage of lot by structures N/A

SETBACKS: Front per site plan from property line (PL) Permanent Foundation Required: YES NO
 or _____ from center of ROW, whichever is greater

Side per from PL, Rear _____ from PL Parking Req'mt per site plan

Maximum Height _____ Special Conditions _____

CENSUS 9 TRAFFIC 4 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 2/26/02

Department Approval [Signature] Date 2/26/02

| | | | |
|--|-------------------|--|--|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. <u>foundation only will pay fees later</u> |
| Utility Accounting | <u>A. Bensley</u> | Date | <u>2/26/02</u> |

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1.c(1) Grand Junction Zoning & Development Code)

(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)