

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

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

BLDG PERMIT NO. \_\_\_\_\_



Your Bridge to a Better Community

BLDG ADDRESS 2644 Hickory, G1 SQ. FT. OF PROPOSED BLDGS/ADDITION 120

TAX SCHEDULE NO. 2701-353-07-041 SQ. FT. OF EXISTING BLDGS 2000

SUBDIVISION Rolling Meadows TOTAL SQ. FT. OF EXISTING & PROPOSED 2120

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

(1) OWNER Penny and Karl Stine NO. OF BUILDINGS ON PARCEL  
 Before: 1 After: 2 this Construction

(1) ADDRESS 2644 Hickory Dr USE OF EXISTING BUILDINGS residence

(1) TELEPHONE 254-1320 DESCRIPTION OF WORK & INTENDED USE Storage shed

(2) APPLICANT Penny Stine TYPE OF HOME PROPOSED:  
 \_\_\_\_\_ Site Built \_\_\_\_\_ Manufactured Home (UBC)  
 \_\_\_\_\_ Manufactured Home (HUD)  
 \_\_\_\_\_ Other (please specify) \_\_\_\_\_

(2) ADDRESS 2644 Hickory Dr

(2) TELEPHONE 254-1320

**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 RSF-2 Maximum coverage of lot by structures 30%

SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES NO  
 or \_\_\_\_\_ from center of ROW, whichever is greater

Side 15' from PL, Rear 30' from PL Parking Req'mt \_\_\_\_\_

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 6/4/02

Department Approval [Signature] Date 6-4-02

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>Shed only</u>
Utility Accounting <u>[Signature]</u>		Date <u>6-4-02</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)