

FEE \$	10 ⁰⁰
TCP \$	500 ⁰⁰
SIF \$	292 ⁰⁰

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

BLDG PERMIT NO. 84474



Your Bridge to a Better Community

BLDG ADDRESS 469 Manning Drive SQ. FT. OF PROPOSED BLDGS/ADDITION 1553
 TAX SCHEDULE NO. 2943-161-11-001 SQ. FT. OF EXISTING BLDGS Ø
 SUBDIVISION Campanon East TOTAL SQ. FT. OF EXISTING & PROPOSED 1553

FILING _____ BLK _____ LOT _____ NO. OF DWELLING UNITS:
 Before: Ø After: 1 this Construction
 (1) OWNER Grand Ridge Properties NO. OF BUILDINGS ON PARCEL
 Before: Ø After: 1 this Construction

(1) ADDRESS 3032 I-70 Bus Loop USE OF EXISTING BUILDINGS N/A
 (1) TELEPHONE 434-4616

(2) APPLICANT Great Services DESCRIPTION OF WORK & INTENDED USE Single family residence
 (2) ADDRESS 3032 I-70 Bus Loop TYPE OF HOME PROPOSED:

(2) TELEPHONE 434-4616
 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 PD Maximum coverage of lot by structures _____
 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 25' from PL Parking Req'mt 2
 Maximum Height 35' Special Conditions _____
 CENSUS 8 TRAFFIC 50 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 5/31/02

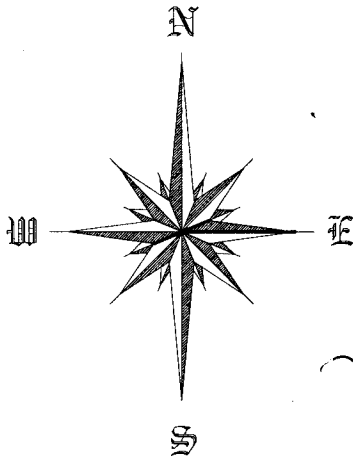
Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>PD16VSP</u>
Utility Accounting	<u>[Signature]</u>	Date	<u>5/31/02</u>

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)

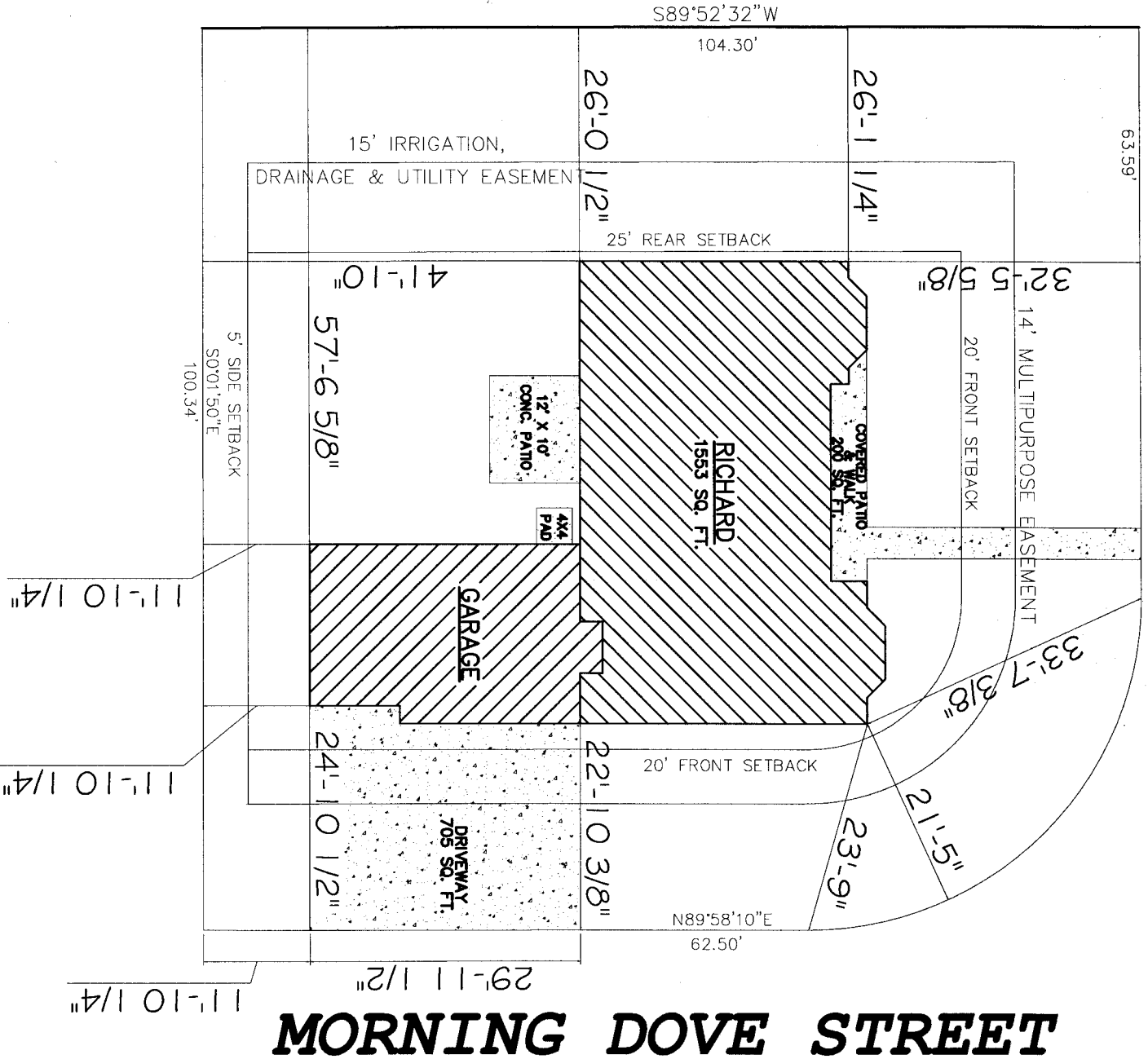
MORNING DOVE STREET

ACCEPTED 5/31/02
C. Taylor Johnson
 ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANTS RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES



469 MORNING DOVE
 LOT 1
 BLOCK 1
 0.2 Acres.
 10188.6 Sq.ft.

*DRIVE OR
 5/9/02*



MORNING DOVE STREET