

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

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

BLDG PERMIT NO. 86429



ae

BLDG ADDRESS 2519 Onyx Dr. SQ. FT. OF PROPOSED BLDGS/ADDITION N/A
 TAX SCHEDULE NO. 2945-032-80-009 SQ. FT. OF EXISTING BLDGS _____
 SUBDIVISION Diamond Ridge TOTAL SQ. FT. OF EXISTING & PROPOSED _____
 FILING 2 BLK 3 LOT 9 NO. OF DWELLING UNITS:
 Before: 1 After: 1 this Construction
 (1) OWNER William P. Tracy NO. OF BUILDINGS ON PARCEL
 Before: 1 After: 1 this Construction
 (1) ADDRESS 2519 Onyx Dr. USE OF EXISTING BUILDINGS Home
 (1) TELEPHONE 970-242-7279 DESCRIPTION OF WORK & INTENDED USE Top or Amateur Radio
 (2) APPLICANT William P. Tracy TYPE OF HOME PROPOSED:
 (2) ADDRESS 2519 Onyx Dr. _____ Site Built _____ Manufactured Home (UBC)
 (2) TELEPHONE 970-242-7279 _____ 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 4' from PL, Rear 23' from PL Parking Req'mt _____
 Maximum Height _____ Special Conditions _____
 CENSUS 10 TRAFFIC 19 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 W.P. Tracy Date _____
 Department Approval C. Jay Johnson Date 9/13/02

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. _____
Utility Accounting	Date <u>9/13/02</u>		

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

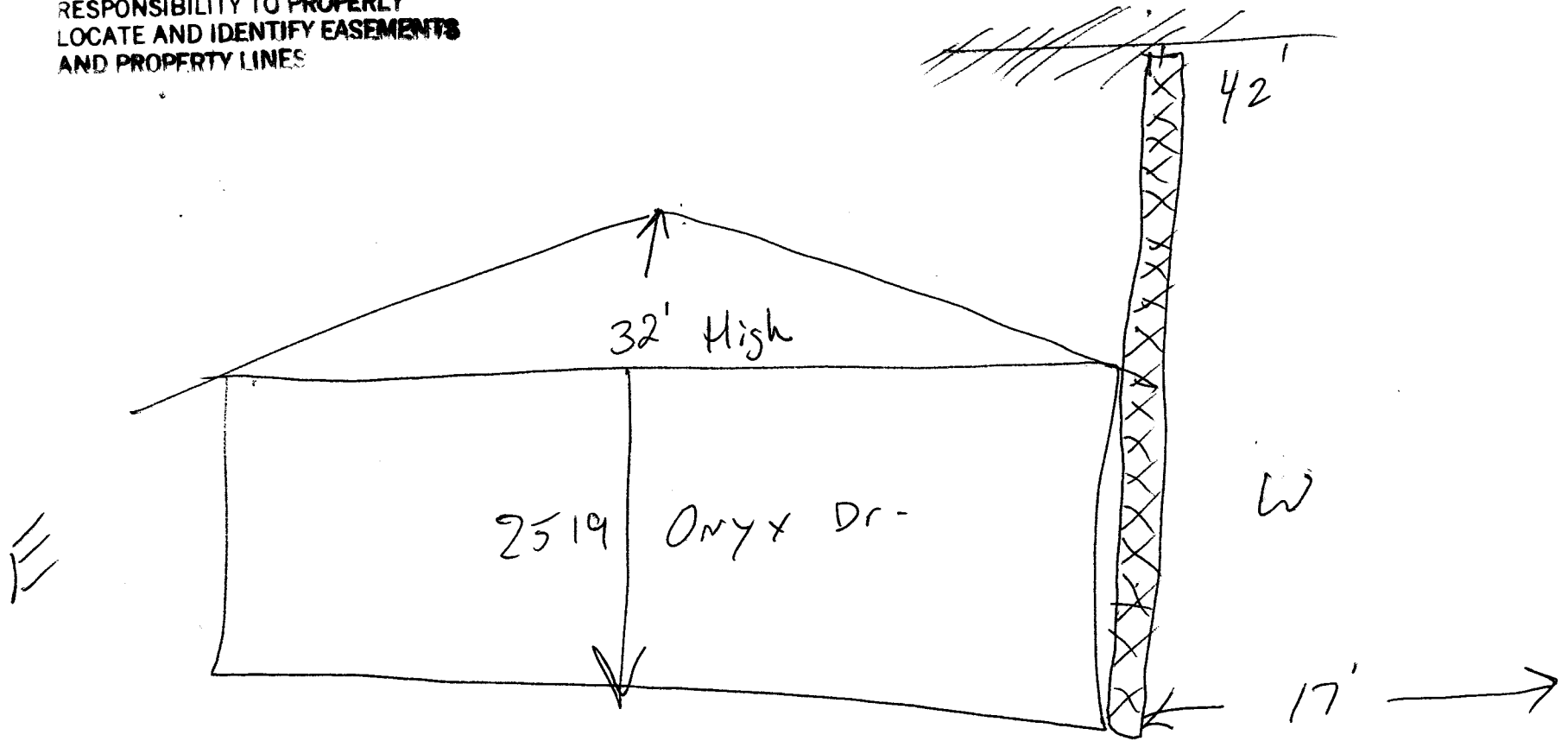
(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

1128

9/13/02

C. Faye Gibson

ACCEPTED
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



Omyx