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|--------|-------|
| FEE \$ | 10.00 |
| TCP \$ | 0 |
| SIF \$ | 0 |

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

BLDG PERMIT NO. 86860



Your Bridge to a Better Community

BLDG ADDRESS 2519 Onyx Dr. SQ. FT. OF PROPOSED BLDGS/ADDITION None 230

TAX SCHEDULE NO. 2945-032-74-024 SQ. FT. OF EXISTING BLDGS 1850

SUBDIVISION Diamond Ridge TOTAL SQ. FT. OF EXISTING & PROPOSED ~~1250~~

FILING 2 BLK 3 LOT 9 NO. OF DWELLING UNITS: 2080

(1) OWNER Pat Tracy Before: 1 After: 1 this Construction

(1) ADDRESS 2519 Onyx Dr. NO. OF BUILDINGS ON PARCEL

(1) TELEPHONE 242-7279 Before: 1 After: 1 this Construction

(2) APPLICANT Infinity Builders USE OF EXISTING BUILDINGS Residential

(2) ADDRESS 202 North Ave PMB DESCRIPTION OF WORK & INTENDED USE Add storage shelves and wall - see attached

(2) TELEPHONE 248-9708 TYPE OF HOME PROPOSED:

_____ 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 30%

SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES NO _____

or _____ from center of ROW, whichever is greater

Side 7' from PL, Rear 23' from PL Parking Req'mt 2

Maximum Height 32' 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).

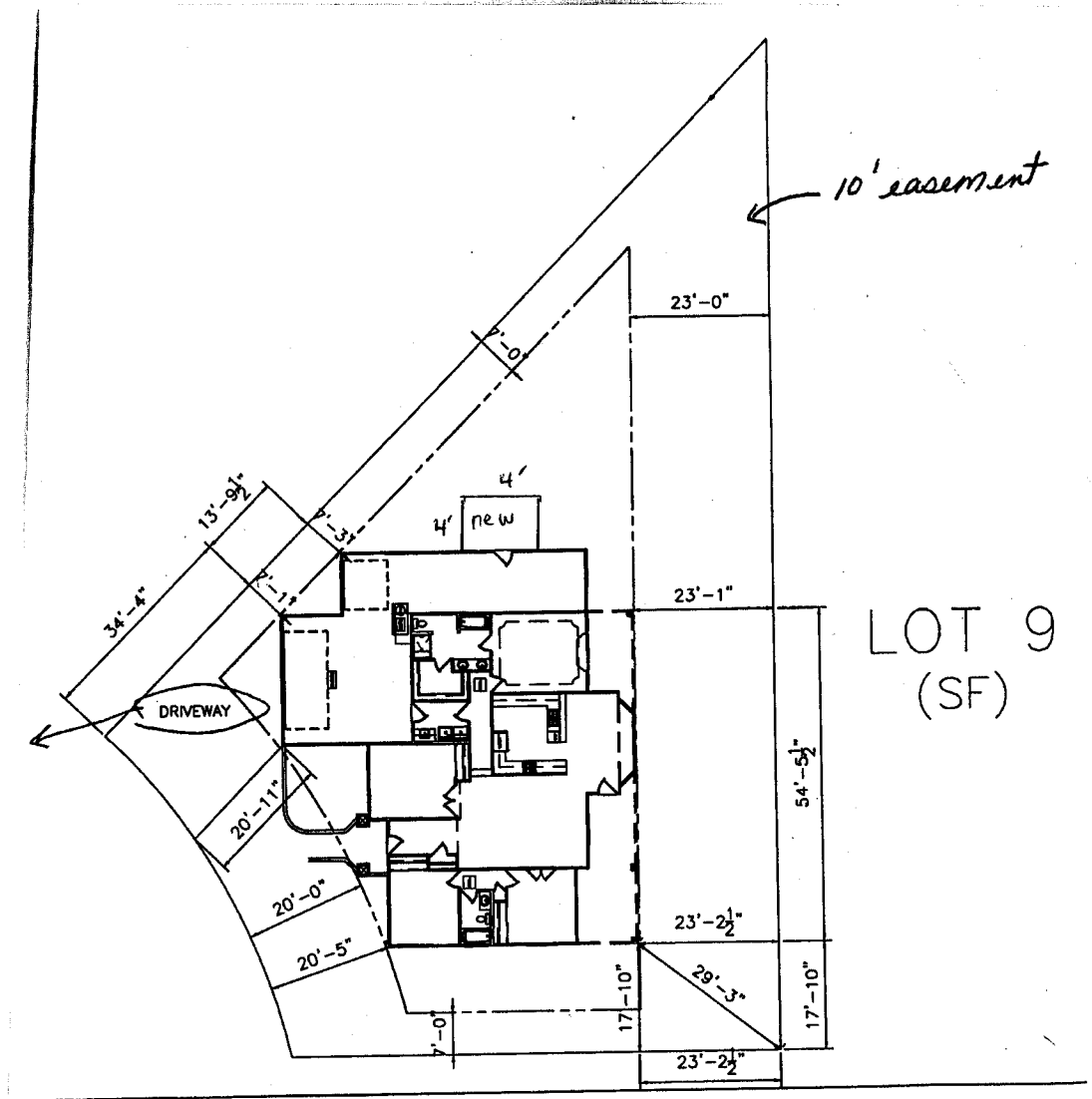
Applicant Signature Melanie D. York Date 10-22-02

Department Approval Gayleen Henderson Date 10-24-02

| | | | |
|--|----------------------|--|---------|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. |
| Utility Accounting <u>C. Bensley</u> | Date <u>10/29/02</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)



10/29/02

ACCEPTED *C. Faye Gibson*
 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