

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

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

BLDG PERMIT NO. 84235



Your Bridge to a Better Community

BLDG ADDRESS 345 Red Cliff Ct. SQ. FT. OF PROPOSED BLDGS/ADDITION 16' X 15'
 TAX SCHEDULE NO. 2947-351-19-013 SQ. FT. OF EXISTING BLDGS 240
 SUBDIVISION CANYON VIEW TOTAL SQ. FT. OF EXISTING & PROPOSED _____
 FILING Phase IV BLK 2 LOT 13 NO. OF DWELLING UNITS:
 Before: 1 After: 1 this Construction
 NO. OF BUILDINGS ON PARCEL
 Before: _____ After: _____ this Construction
 (1) OWNER Chester Thompson
 (1) ADDRESS 345 Red Cliff Ct.
 (1) TELEPHONE 243-7028 USE OF EXISTING BUILDINGS _____
 (2) APPLICANT Same DESCRIPTION OF WORK & INTENDED USE Storage Shed
 (2) ADDRESS _____ TYPE OF HOME PROPOSED:
 Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 _____ Other (please specify) _____
 (2) TELEPHONE _____

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 35' 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 _____ Special Conditions _____
 CENSUS 1401 TRAFFIC 64 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 Chester Thompson Date 4/25/02
 Department Approval Gayleen Henderson Date 4-25-02

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. _____
Utility Accounting	<u>Leah Stogden</u>		Date <u>4/25/02</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)

NOTICE

1. IT IS THE RESPONSIBILITY OF THE BUILDER OR OWNER TO VERIFY DETAILS AND DIMENSIONS PRIOR TO CONSTRUCTION.

CANYON VIEW

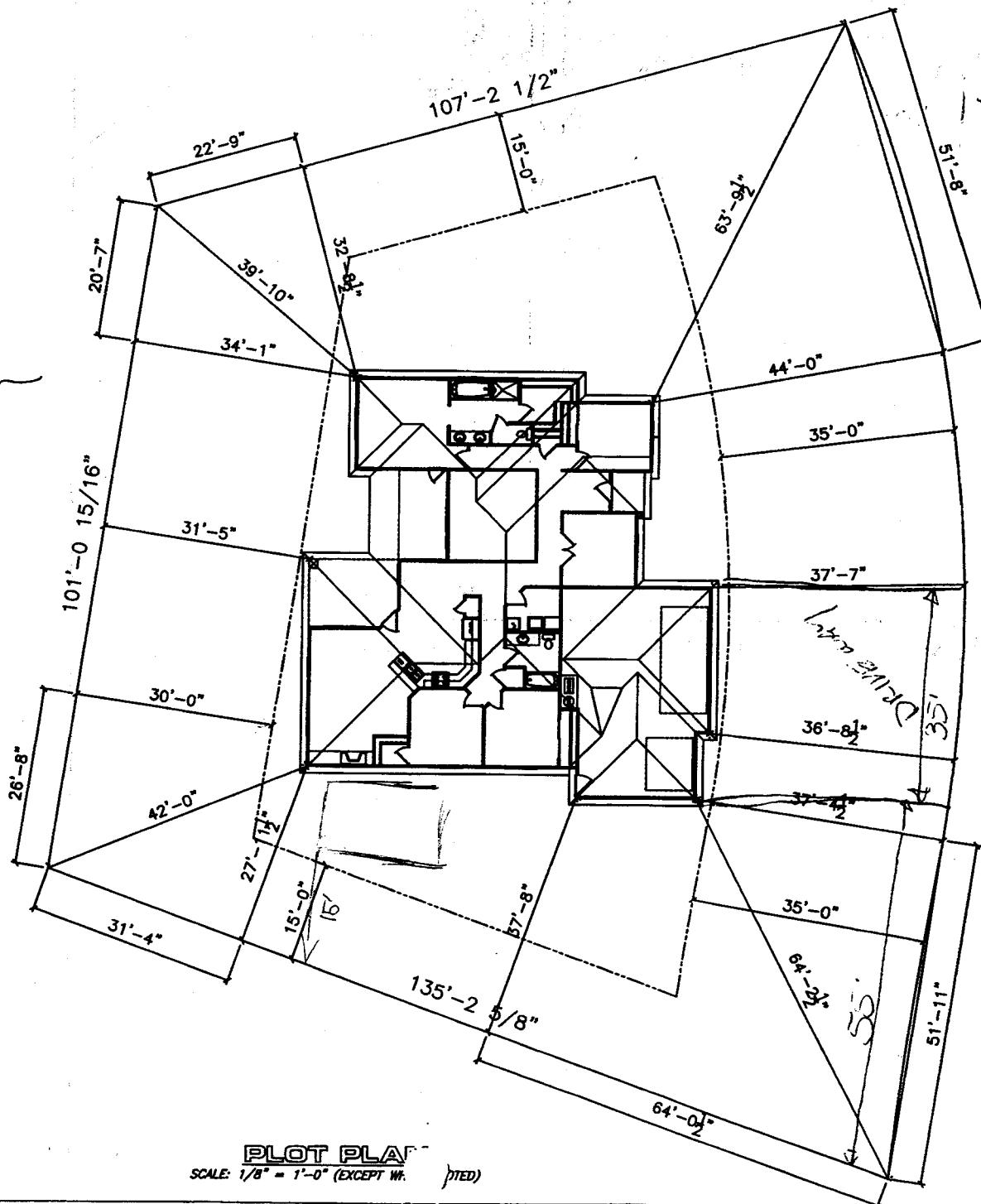
LOT 13
BLOCK TWO

4-25-02

ACCEPTED

Gayle Henderson

ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPARTMENT. THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.



PLOT PLAN
SCALE: 1/8" = 1'-0" (EXCEPT WHERE NOTED)