FEE \$	1800
TCP\$	0
SIF\$	0

CANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

3LDG PERMIT NO.	
FLP 2002-10	,

SQ. FT. OF PROPOSED BLDGS/ADDITION
The state of the s
SQ. FT. OF EXISTING BLDGS
TOTAL SQ. FT. OF EXISTING & PROPOSED
NO. OF DWELLING UNITS:
Before: After: this Construction NO. OF BUILDINGS ON PARCEL Before: After: this Construction
Before: After: this Construction
USE OF EXISTING BUILDINGS NAME AND MARKET BUILDINGS NAME BUILDING NAME BUILDING NAME BUILDING NAM
TYPE OF HOME PROPOSED.
Site Built Manufactured Home (UBC)
Manufactured Home (HUD) Other (please specify)
Il existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel.
Maximum coverage of lot by structures 30% Permanent Foundation Required: YES X NO Parking Req'mt 3
Special Conditions Sprinkler System in home required annx#
. Placered
CENSUS TRAFFIGANNX# red, in writing, by the Community Development Department. The ed until a final inspection has been completed and a Certificate of g Department (Section 305, Uniform Building Code). the information is correct; I agree to comply with any and all codes, o the project. I understand that failure to comply shall result in legal o non-use of the building(s). Date

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)

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.							
SECTION A - PROPERTY OWNER INFORMATION	For Insurance Company Use:						
BUILDING OWNER'S NAME Danny W. & Vicque Clark	Policy Number						
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 422 Rosevale Road	Company NAIC Number						
CITY STATE CO	ZIP CODE 81503						
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 2945-153-00-111	01303						
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential							
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: [_ GPS (Type):							
(##°-##"-###" or ##;####°) X NAD 1927 NAD 1983 X USGS Quad Map 39 ⁰ 03'52.48" N/108 ⁰ 34'53.61" W	Other:						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
	B3. STATE						
Grand Jct., CO 080117 Mesa-independent city	CO CO						

NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)						
080115 0460 B July 15,92 July 15, 1992 AE	4554						
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile X FIRM Community Determined Other (Describe):							
B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 Other (De	scribe):						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Are							
Designation Date:	()						
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	ED)						
C1. Building elevations are based on: X Construction Drawings* _Building Under Construction*	Finished Construction						
*A new Elevation Certificate will be required when construction of the building is complete.	<u> </u>						
C2. Building Diagram Number5 (Select the building diagram most similar to the building for which this content is the building for which the build	certificate is being completed - see						
pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)							
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO							
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from							
the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measure							
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to Datum $NGVD = 29$ Conversion/Comments	o document the datum conversion.						
Elevation reference mark used S1/4 cor, Sc15Does the elevation reference mark used appear	r on the FIRM? Yes X No						
(X = 1) Top of bottom floor (including basement or enclosure) (4555) . (0) ft.(m) (0)	Millian million 12						
X b) Top of next higher floor	MINIMADO REGISTA						
🖫 c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)	MINDO ON M. KORL SE						
☐ d) Attached garage (top of slab) N/Aft.(m) 을 달	The state of the s						
Li e i cowest elevation di machineri and/di edulphient	25054						
servicing the building (Describe in a Comments area.) If t.(m) The first comments area is a servicing the building (Describe in a Comments area.) If t.(m) The first comments area is a servicing the building (Describe in a Comments area.) The first comments area is a servicing the building (Describe in a Comments area.)	25954						
Image: Control of the control of th							
☑ g) Highest adjacent (finished) grade (HAG) 4552 5 ft.(m) 1 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A	THE CE OF THE PROPERTY OF THE						
i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)	25954 25954 25954						
	· · · · · · · · · · · · · · · · · · ·						
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATIO							
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to a literarchy that the information in Sections A, B, and C on this certificate represents my best efforts to interpret							
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Sec							
CERTIFIER'S NAME Jonathan M. Kobylarz LICENSE NUMBER	25954						
TITLE Professional Land Surveyor COMPANY NAME Vista Engir	neering Corp.						
ADDRESS 4 CITY STATE	ZIP CODE 81506						
SIGNATURE CONUTAN B. ROWLING DATE 4-12-02 TELEPHO	NE (970) 243-2242						
FEMA Form 9/-31 JULI 00 SEE REVERSE SIDE FOR CONTINUATION REPL	ACES ALL PREVIOUS EDITIONS						

IMPORTANT: In these spaces	, copy the corresponding informati	on from Section A	•	For Insurance Company	Use:
	luding Apt., Unit, Suite, and/or Bldg. No.) (OR P.O. ROUTE AND	BOX NO.	Policy Number	
422 Rosevale I	ROAD STATE		ZIP CODE	Company NAIC Number	LET FANGET PA
Grand Jct.		CO	81503		10 Mg 1500
	ON D - SURVEYOR, ENGINEER, OR				
	Certificate for (1) community official,	(2) insurance agen	t/company, and (3) building owner.	
COMMENTS					

SECTION E PUIL DING EL	EVATION INCODMATION (SUBVEY	NOT REQUIRED	TOP 70NE 40 4	Chock here if atta	
	EVATION INFORMATION (SURVEY				
•	t BFE), complete Items E1. through E -F, Section C must be completed.	4. If the Elevation (Jertificate is inten	ded for use as supporting	ig
	(Select the building diagram mos	t similar to the build	ing for which this	certificate is being comp	leted –
	gram accurately represents the building				
	cluding basement or enclosure) of the		ft.(m) _ i	n.(cm) above or	below
	cent grade. (Use natural grade, if ava th openings (see page 7), the next hig	·	d floor (elevation	b) of the building is	
	bove the highest adjacent grade. Co		•	•	
	depth number is available, is the top				•
	nance? Yes No Unknown				G.
	ON F - PROPERTY OWNER (OR OW				
• •	uthorized representative who comple nunity-issued BFE) or Zone AO must		•		
the best of my knowledge.		-		, 2, 0, 0	
	R'S AUTHORIZED REPRESENTATIVE'S I 1d Vicque Clark	VAME			
ADDRESS		CITY	STATE	ZIP CODE	
420 Roseval	,	<u>Grand Jct</u> DATE	t. (TELEPH	CO 815	03
COMMENTS	Organi Clari				
COMMENTO					
				Check here if atta	achments
	SECTION G - COMMUNITY	INFORMATION (O	PTIONAL)		
	by law or ordinance to administer the				te
	his Elevation Certificate. Complete the n C was taken from other documentat				/Or
	o is authorized by state or local law to				
elevation data in the Con	nments area below.)				
· 	pleted Section E for a building located	I in Zone A (without	a FEMA-issued of	or community-issued BFI	E) or
Zone AO.	(Items G4-G9) is provided for commu	ınity floodolain man	agement nurnose	20	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	-	_	COMPLIANCE/OCCUPAN	JCV
O4. FERMIT MOMBER	GS. BATE FERWIT IGGGES	ISSUED	OLIVIII IOMAL OF	OOM: EMHODOCCO AN	
G7. This permit has been issued f	·—	ubstantial Improven			
	oor (including basement) of the building	g is:	·	ft.(m) Datum:	
G9. BFE or (in Zone AO) depth of	nooding at the outlaing site is.		·	ft.(m) Datum:	
LOCAL OFFICIAL'S NAME		TITLE			
COMMUNITY NAME		TELEPHONE			
SIGNATURE		DATE			
COMMENTS					
				Check here if atta	achments