

FEE \$	10.00
TCP \$	500.00
SIF \$	292.00

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

BLDG PERMIT NO. 85671



Your Bridge to a Better Community

BLDG ADDRESS 411 SADDLE CT 411 SANEL CT. SQ. FT. OF PROPOSED BLDGS/ADDITION 2227.33

TAX SCHEDULE NO. 2945 174 45 014 SQ. FT. OF EXISTING BLDGS _____

SUBDIVISION COBBLESTONE RIDGE TOTAL SQ. FT. OF EXISTING & PROPOSED 2227.33

FILING _____ BLK 0 LOT 14 NO. OF DWELLING UNITS:
Before: _____ After: ONE this Construction

(1) OWNER BRIAN SLEDGE NO. OF BUILDINGS ON PARCEL
Before: _____ After: ONE this Construction

(1) ADDRESS BOX 5693 SNOWMASS VTL. USE OF EXISTING BUILDINGS _____

(1) TELEPHONE 970 923 4050 DESCRIPTION OF WORK & INTENDED USE SINGLE FAMILY

(2) APPLICANT G.D. BIDS. TYPE OF HOME PROPOSED:
 Site Built _____ Manufactured Home (UBC)
_____ Manufactured Home (HUD)
_____ Other (please specify) _____

(2) ADDRESS 241 THISTLE DR. G.T. (2) TELEPHONE 257-7452

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 PR-4 PD Maximum coverage of lot by structures _____

SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES X NO _____
or _____ from center of ROW, whichever is greater

Side 5' from PL, Rear 10' from PL Parking Req'mt 2

Maximum Height 28' (Ridge line) Special Conditions ACCD Required

CENSUS 1401 TRAFFIC 96 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 7/30/02

Department Approval [Signature] Date 8-26-02

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>15232</u>
Utility Accounting <u>Marshall Col</u>	Date <u>8/26/02</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)

**Cobblestone Ridges Subdivision
Architectural Review Committee**

*c/o Sharon Weingardt
397 Butte Court
Grand Junction, CO 81503*

Plan Review Application

Applicant: YD Builders Date: 08-22-02
Applicant Address: _____ Phone: 261-4275
City: Grand Jct State: CO Zip: _____ Contact: Gary Dalton
Project Address: 411 Saddle Ct
Project Type: residence Proposed Start Date: 08-27-02
Remarks: _____

Plan Review Results

Approved By: Sharon Weingardt Date: 08-27-02
Cheryl Williamson
For the Architectural Review Committee

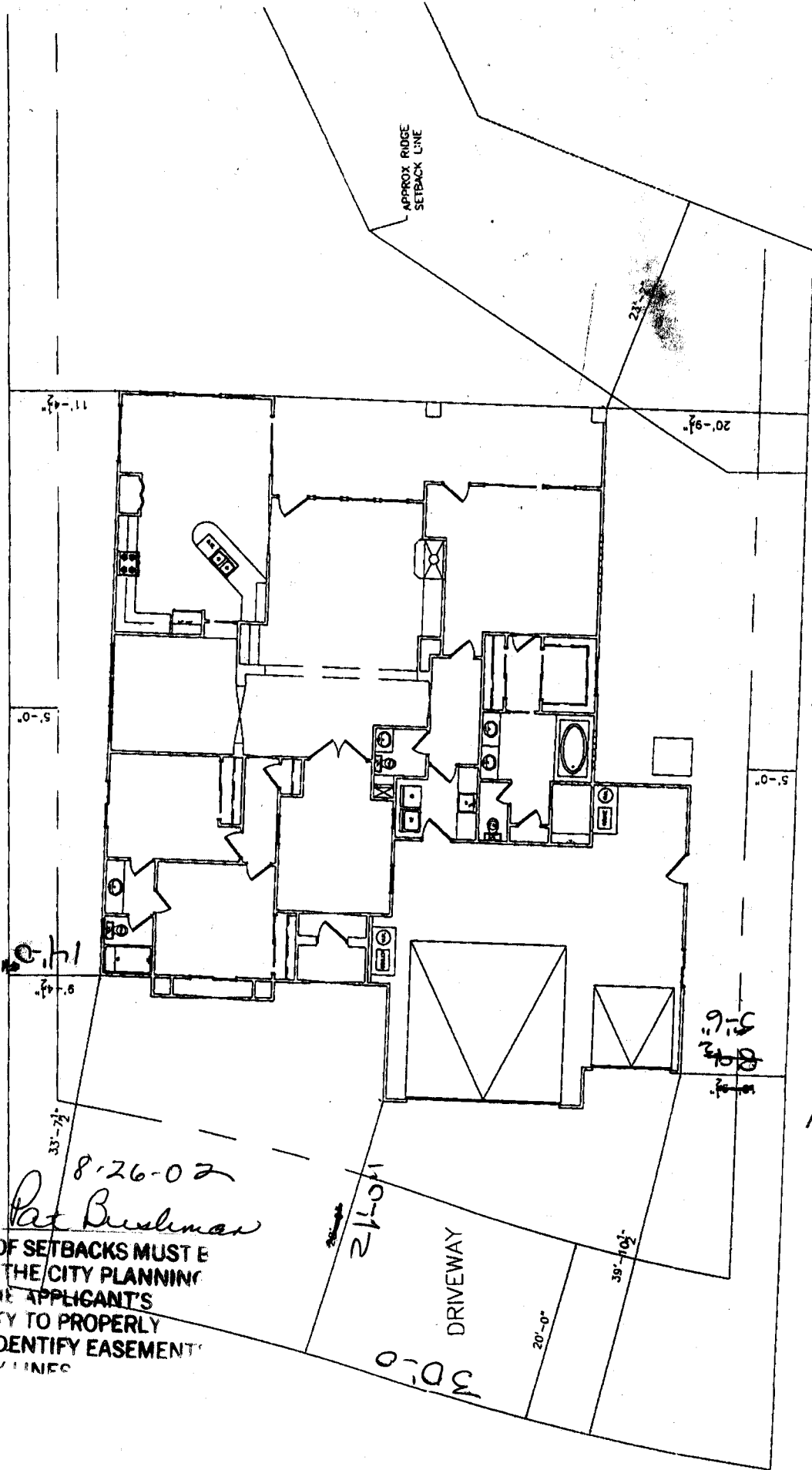
Remarks: House plans set back and
colors approved for 411 Saddle Ct.

Or

Denied By: _____ Date: _____
For the Architectural Review Committee

Remarks: _____

ATTN: BRIAN



DRIVE OK
24 8/20/02

ACCEPTED
 ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENT AND PROPERTY LINES

8-26-02
 Pat Bushman