

FEE \$	10.00
TCP \$	
SIF \$	

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 83424



Your Bridge to a Better Community

64834-11887

BLDG ADDRESS 1195 SANTA CLARA AVE SQ. FT. OF PROPOSED BLDGS/ADDITION 1,040

TAX SCHEDULE NO. 2945-234-00-033 SQ. FT. OF EXISTING BLDGS 1600 +/-

SUBDIVISION _____ TOTAL SQ. FT. OF EXISTING & PROPOSED 2640 +/-

FILING _____ BLK _____ LOT _____

NO. OF DWELLING UNITS:
 Before: 1 After: 1 this Construction

(1) OWNER JAMES TRIPLETT

NO. OF BUILDINGS ON PARCEL
 Before: 2 After: 2 this Construction

(1) ADDRESS 1195 SANTA CLARA

USE OF EXISTING BUILDINGS HOME

(1) TELEPHONE 243-4938

DESCRIPTION OF WORK & INTENDED USE BDRM LIV. RM

(2) APPLICANT Distinctive Design Bldgs

TYPE OF HOME PROPOSED:
 Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 Other (please specify) _____

(2) ADDRESS 1255 21 RD

(2) TELEPHONE 858-9091

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 RMF-8

Maximum coverage of lot by structures 70%

SETBACKS: Front 20' from property line (PL)
 or _____ from center of ROW, whichever is greater

Permanent Foundation Required: YES NO _____

Side 5' from PL, Rear 10' from PL

Parking Req'mt _____

Maximum Height 35'

Special Conditions _____

CENSUS 12 TRAFFIC 80 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 2/26/02

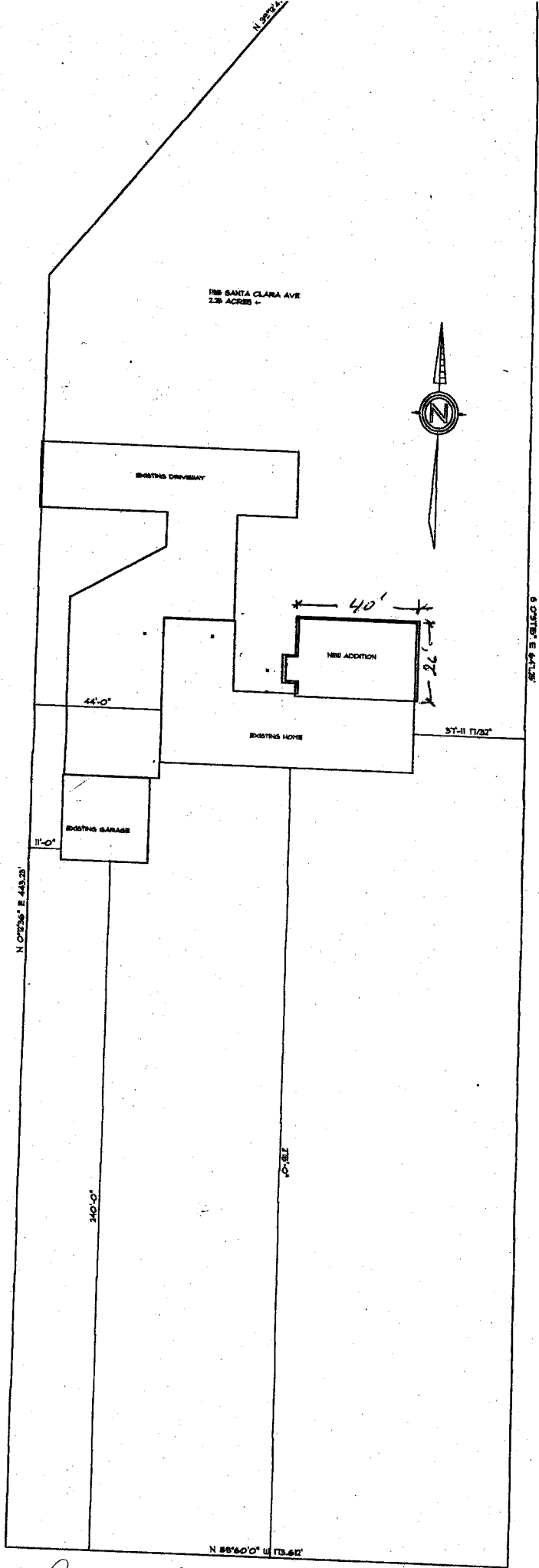
Department Approval [Signature]

Date 2-26-02

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>no charge</u>
Utility Accounting	<u>[Signature]</u>		Date <u>2-26-02</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)



2-26-02

Pat Bushman

BY ORDER OF THE BOARD OF SUPERVISORS
 COUNTY OF SANTA CLARA
 DEPT. OF PUBLIC WORKS
 RESPONSIBILITY TO PROPERTY
 LOCATE AND IDENTIFY EASEMENTS
 AND PROPERTY LINES

1195 Santa Clara