

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

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

BLDG PERMIT NO. 86217



Your Bridge to a Better Community

BLDG ADDRESS 666 TAMARON DR SQ. FT. OF PROPOSED BLDGS/ADDITION 2100

TAX SCHEDULE NO. 2943-062-40-008 SQ. FT. OF EXISTING BLDGS NOPE

SUBDIVISION Grand View TOTAL SQ. FT. OF EXISTING & PROPOSED 2100

FILING 6 BLK 1 LOT 8

(1) OWNER J.R.T. BUILDERS INC.

(1) ADDRESS 680 SEQUEL CT

(1) TELEPHONE 434-5989

(2) APPLICANT OWNER

(2) ADDRESS \_\_\_\_\_

(2) TELEPHONE \_\_\_\_\_

NO. OF DWELLING UNITS:  
 Before: 0 After: 1 this Construction

NO. OF BUILDINGS ON PARCEL  
 Before: 0 After: 1 this Construction

USE OF EXISTING BUILDINGS \_\_\_\_\_

DESCRIPTION OF WORK & INTENDED USE Single Family

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 RMF-5

Maximum coverage of lot by structures 60%

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

Permanent Foundation Required: YES X NO \_\_\_\_\_

Side 5' from PL, Rear 25' from PL

Parking Req'mt 2

Maximum Height 35'

Special Conditions \_\_\_\_\_

CENSUS 10 TRAFFIC 22 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 9-10-02

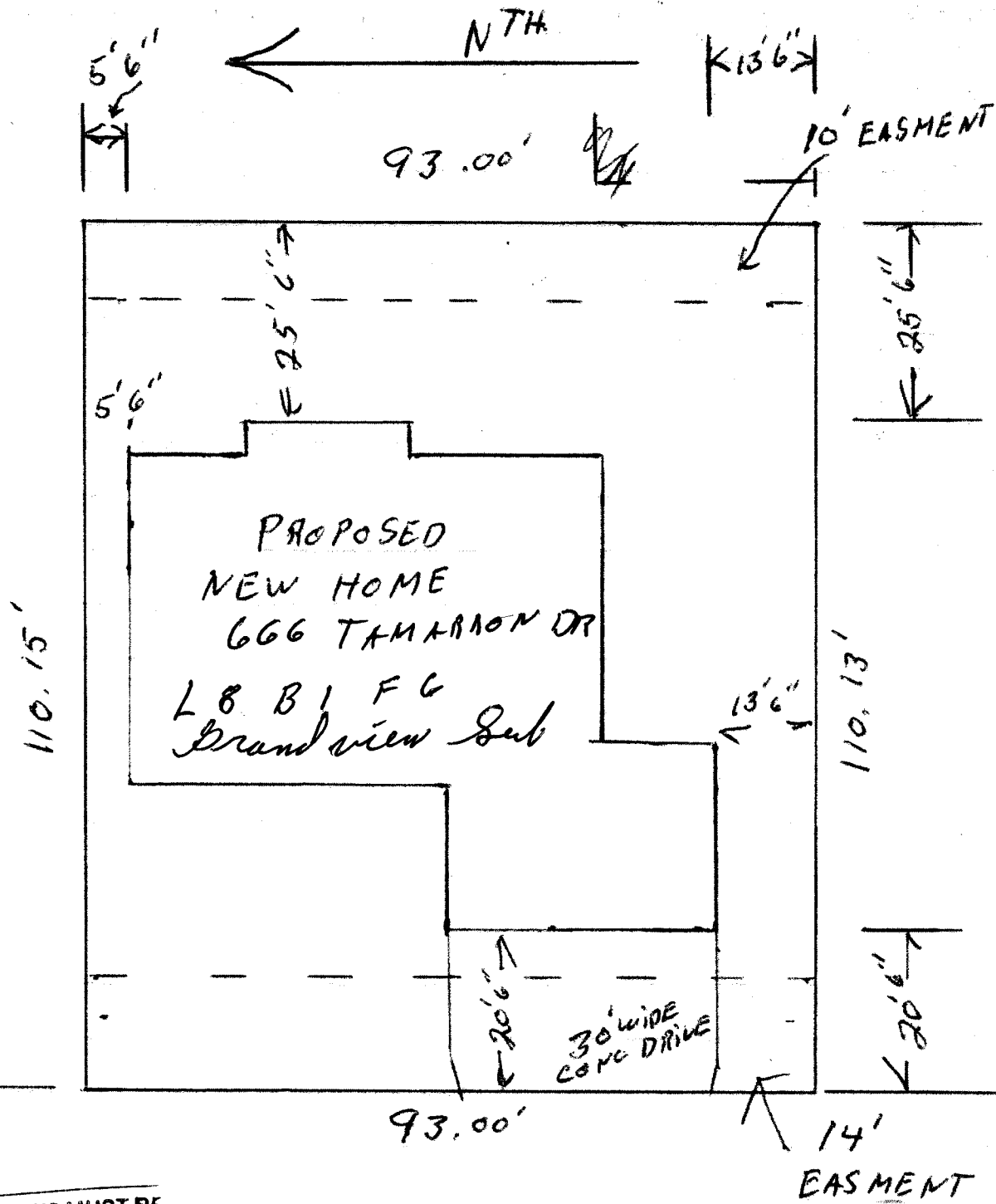
Department Approval [Signature]

Date 9-12-02

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>15300</u>
Utility Accounting	<u>[Signature]</u>	Date	<u>9/12/02</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)



ACCEPTED  
 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.

TAMARION DR.  
 NTH

da  
 ll 9/0/02