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|--------|---|
| FEE \$ | 0 |
| TCP \$ | 0 |
| SIF \$ | 0 |

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 85838



Your Bridge to a Better Community

BLDG ADDRESS 1840 WHITE AVE SQ. FT. OF PROPOSED BLDGS/ADDITION N/A.

TAX SCHEDULE NO. 2945-133-01-022 SQ. FT. OF EXISTING BLDGS 156 SQFT.

SUBDIVISION _____ TOTAL SQ. FT. OF EXISTING & PROPOSED 156 SQFT.

FILING _____ BLK 3 LOT 14 NO. OF DWELLING UNITS:
 Before: 1 After: 1 this Construction

(1) OWNER BEVERLY DURFEE NO. OF BUILDINGS ON PARCEL
 Before: 1 After: 1 this Construction

(1) ADDRESS 860 TEPPER AVE USE OF EXISTING BUILDINGS RESIDENTIAL

(1) TELEPHONE 243-2292 DESCRIPTION OF WORK & INTENDED USE UPGRADE ELECT. NEW ROOFING CABINETS, PAINT

(2) APPLICANT SCOTT HOUSES CONST. INC TYPE OF HOME PROPOSED:
 (2) ADDRESS 2187 LASSEN CT. G.F. _____ Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 (2) TELEPHONE 245-3448 Other (please specify) UPGRADE/REMODEL

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 _____

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

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

Maximum Height 32' Special Conditions Interior Work only!

CENSUS _____ TRAFFIC _____ ANNEX# _____

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 Scott Houses Date AUG. 12th/02

Department Approval C. Faye Johnson Date 8/12/02

| | | | |
|--------------------------------------------------------|-------------------|----------------------------------------|---------------------|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. |
| Utility Accounting | <u>fl Bensley</u> | | Date <u>8/13/02</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)