

FEE \$	10.00
TCP \$	0
SIF \$	0

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

BLDG PERMIT NO. 89341



Your Bridge to a Better Community

16046-10256 (2)

BLDG ADDRESS 3620 Bell Ct SQ. FT. OF PROPOSED BLDGS/ADDITION 0

TAX SCHEDULE NO. 2945-02-25-006 SQ. FT. OF EXISTING BLDGS 2118

SUBDIVISION _____ TOTAL SQ. FT. OF EXISTING & PROPOSED 2118

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

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

(1) ADDRESS 3620 Bell Ct. USE OF EXISTING BUILDINGS SINGLE FAMILY

(1) TELEPHONE 243-9077 DESCRIPTION OF WORK & INTENDED USE NEW GABLE ROOF OVER FRONT ENTRYWAY

(2) APPLICANT MYERS PROPERTY SERVICE LLC TYPE OF HOME PROPOSED:
____ Site Built ____ Manufactured Home (UBC)
____ Manufactured Home (HUD)
____ Other (please specify) _____

(2) ADDRESS P.O. Box 3031 81502

(2) TELEPHONE 255-0715

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 BMF-5 Maximum coverage of lot by structures 6090

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 25' from PL Parking Req'mt 2

Maximum Height 35' Special Conditions Not expanding footprint
No site plan needed.

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 [Signature] Date 5-6-03

Department Approval [Signature] Date 5/6/03

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>Roof Only</u>
Utility Accounting <u>[Signature]</u>		Date <u>5-6-03</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)