

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

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

BLDG PERMIT NO. None



Your Bridge to a Better Community

54684-10643

BLDG ADDRESS 2705 Caribbean Dr. SQ. FT. OF PROPOSED BLDGS/ADDITION 192

TAX SCHEDULE NO. 2701-253-04-018 SQ. FT. OF EXISTING BLDGS 1720

SUBDIVISION Paradise Hills 4A TOTAL SQ. FT. OF EXISTING & PROPOSED 1912

FILING 4A BLK 1 LOT 18 NO. OF DWELLING UNITS:
Before: 1 After: 1 this Construction

(1) OWNER JOHN SCOTT GREEN NO. OF BUILDINGS ON PARCEL
Before: 2 After: 2 this Construction

(1) ADDRESS 2705 Caribbean Drive USE OF EXISTING BUILDINGS part time multimedia room

(1) TELEPHONE 970-255-1688 DESCRIPTION OF WORK & INTENDED USE write, music compose

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

(2) ADDRESS _____

(2) TELEPHONE _____

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 RSF-4 Maximum coverage of lot by structures 50%

SETBACKS: Front 20'/25' from property line (PL) Permanent Foundation Required: YES NO
or _____ from center of ROW, whichever is greater

Side 7'/3' from PL, Rear 25'/5' from PL Parking Req'mt 2

Maximum Height 35' Special Conditions _____

CENSUS _____ TRAFFIC _____ 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 5-13-03

Department Approval Baylen Henderson Date 5-13-03

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No <u>addition</u>
Utility Accounting <u>[Signature]</u>	Date <u>5-13-03</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)

Grand Junction GIS Zoning Map

5-13-03
Gayleann Henderson
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.

