

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

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

A
 BLDG PERMIT NO. 89334



Your Bridge to a Better Community

BLDG ADDRESS 655 ELIZABETH CT SQ. FT. OF PROPOSED BLDGS/ADDITION 3000

TAX SCHEDULE NO. 2947-152-38-017 SQ. FT. OF EXISTING BLDGS _____

SUBDIVISION INDEPENDENCE Heights TOTAL SQ. FT. OF EXISTING & PROPOSED 3000

FILING 1 BLK 2 LOT 12 NO. OF DWELLING UNITS:
 Before: _____ After: _____ this Construction

(1) OWNER DALE + Bri RENZI NO. OF BUILDINGS ON PARCEL
 Before: _____ After: _____ this Construction

(1) ADDRESS 655 ELIZABETH CT USE OF EXISTING BUILDINGS New Home

(1) TELEPHONE 256-4640 DESCRIPTION OF WORK & INTENDED USE _____

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

(2) ADDRESS 653 20 1/2 RD

(2) TELEPHONE 216-7851

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

Side 7' from PL, Rear 25' 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 5/5/03

Department Approval [Signature] Date 5/12/03

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No <u>18050</u>
Utility Accounting <u>[Signature]</u>	Date	<u>5-12-03</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)

655 Elizabeth Ct

Lot 12 BLK. 2

104.00'

33'

15' Drainage Easmt

130.73

38'

14' MPE

DRIVEWAY

79.81

Old
ver
5/6/03

ACCEPTED 5/12/03
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

