

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

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

BLDG PERMIT NO. _____



Your Bridge to a Better Community

BLDG ADDRESS 399 MYRETH STREET SQ. FT. OF PROPOSED BLDGS/ADDITION 2616
 TAX SCHEDULE NO. 2943-191-21-005 SQ. FT. OF EXISTING BLDGS 0
 SUBDIVISION White Willow S TOTAL SQ. FT. OF EXISTING & PROPOSED 2616
 FILING 1 BLK 1 LOT 5 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction
 (1) OWNER Doug Peden NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction
 (1) ADDRESS 3805 Applewood St. USE OF EXISTING BUILDINGS _____
 (1) TELEPHONE 257-9257 DESCRIPTION OF WORK & INTENDED USE New Residence
 (2) APPLICANT Gab/sal - Jim Key TYPE OF HOME PROPOSED:
 (2) ADDRESS 304 Mayku Way Site Built _____ Manufactured Home (UBC)
 (2) TELEPHONE 640-1542 _____ 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 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 Engineered Foundation Required
E 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).

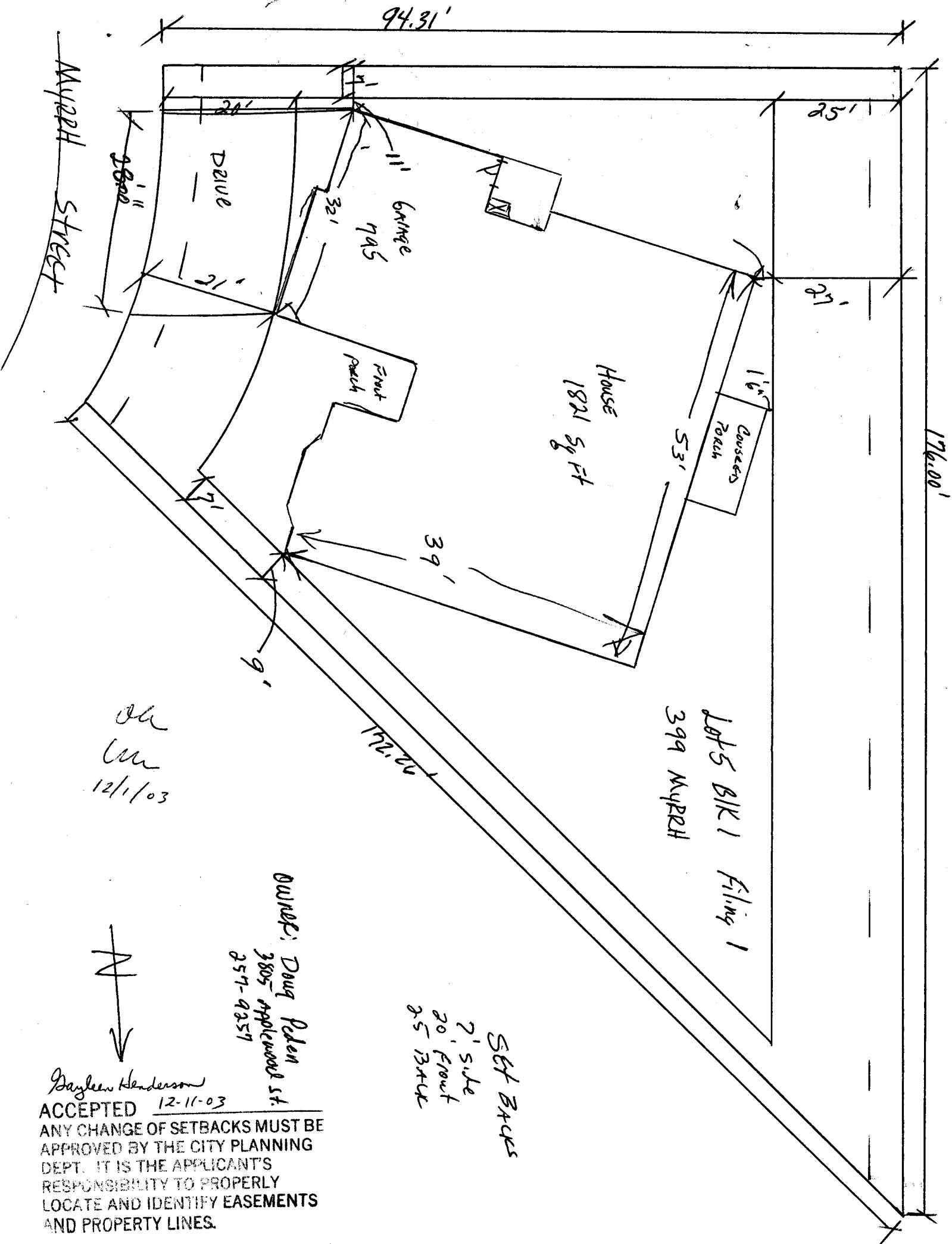
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature [Signature] Date 12-1-03
 Department Approval [Signature] Date 12-11-03

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>16817</u>
Utility Accounting	<u>[Signature]</u>	Date	<u>12-11-03</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)



OK
 CM
 12/1/03

OWNER: Doug Peden
 3805 Applewood St.
 257-9259



Dayleen Henderson
 ACCEPTED 12-11-03
 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.