

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

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

BLDG PERMIT NO. 88979



Your Bridge to a Better Community

BLDG ADDRESS 660 TAMARRON SQ. FT. OF PROPOSED BLDGS/ADDITION 2900  
 TAX SCHEDULE NO. 2943-062-40-004 SQ. FT. OF EXISTING BLDGS 0  
 SUBDIVISION GRAND VIEW TOTAL SQ. FT. OF EXISTING & PROPOSED 2900  
 FILING 6 BLK 1 LOT 5 NO. OF DWELLING UNITS:  
 Before: 0 After: 1 this Construction  
 (1) OWNER TODA COFFIN NO. OF BUILDINGS ON PARCEL  
 Before: 0 After: 1 this Construction  
 (1) ADDRESS 2973 F 3/10 RD USE OF EXISTING BUILDINGS RESIDENCE  
 (1) TELEPHONE 255-6708 DESCRIPTION OF WORK & INTENDED USE RESIDENCE  
 (2) APPLICANT SKELTON CONST INC TYPE OF HOME PROPOSED:  
 (2) ADDRESS PO BOX 1247, Gil Co 81502  Site Built  Manufactured Home (UBC)  
 Manufactured Home (HUD)  
 (2) TELEPHONE 245-9008  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 RMF-5 Maximum coverage of lot by structures 60%  
 SETBACKS: Front 20'/25' from property line (PL) Permanent Foundation Required: YES  NO   
 or \_\_\_\_\_ from center of ROW, whichever is greater  
 Side 5'/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).

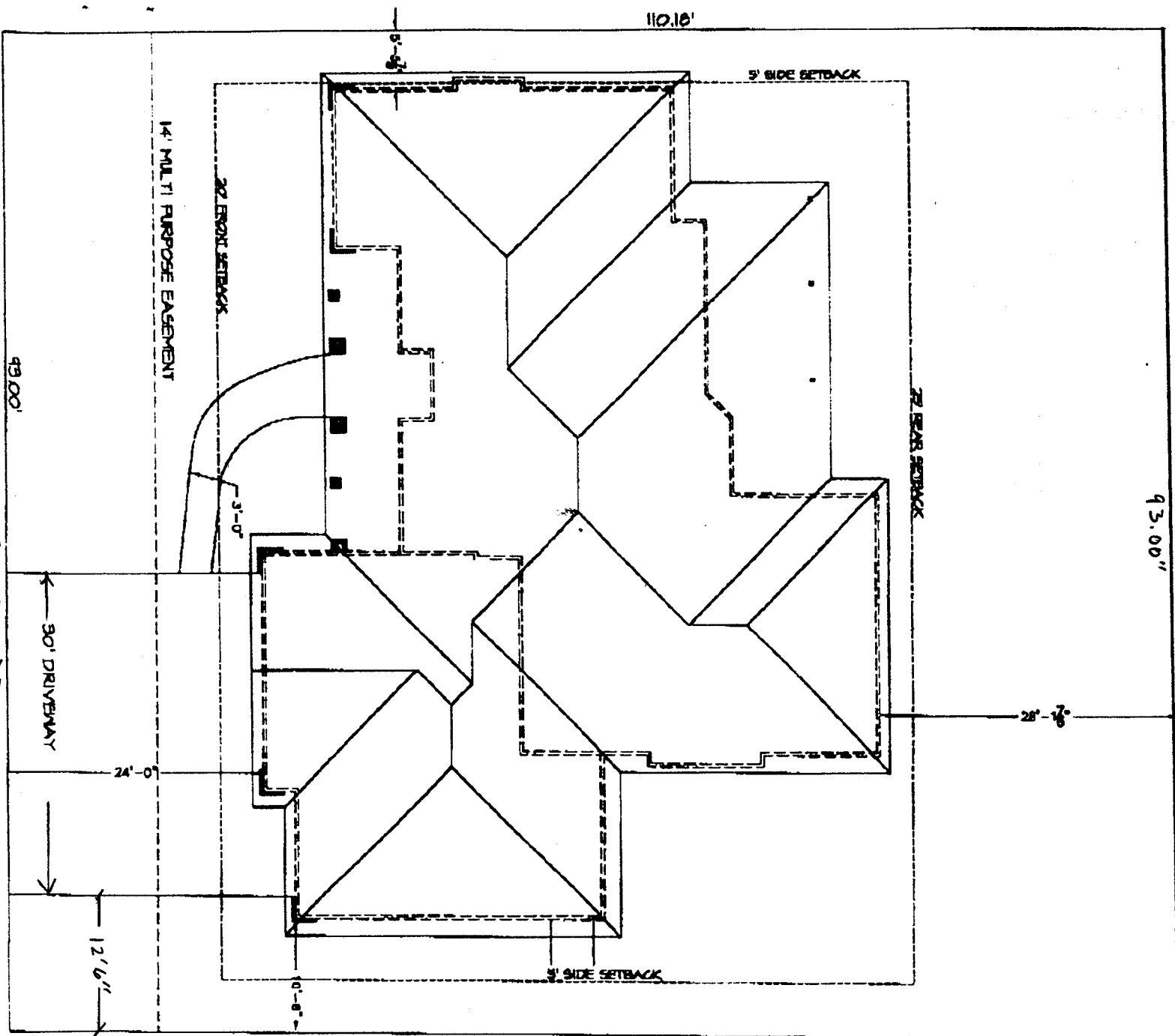
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily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

Applicant Signature [Signature] Date 4-11-03  
 Department Approval [Signature] Date 4/28/03

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	W/O No. <u>15972</u>
Utility Accounting <u>[Signature]</u>	Date <u>4-28-03</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)



TAMARRON DR.

COFFIN RESIDENCE  
 660 TAMARRON DR  
 GRAND JUNCTION, CO

ACCEPTED *4/28/03*  
*C. Julie Wilson*  
 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.

*cc*  
*cc*  
*4/18/03*