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# PLANNING CLEARANCE

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

BLDG PERMIT NO. \_\_\_\_\_

Building Address 601 27 1/2 Rd No. of Existing Bldgs \_\_\_\_\_ No. Proposed \_\_\_\_\_  
 Parcel No. 2945-013-00-034 Sq. Ft. of Existing Bldgs \_\_\_\_\_ Sq. Ft. Proposed \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Sq. Ft. of Lot / Parcel \_\_\_\_\_  
 Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) \_\_\_\_\_

**OWNER INFORMATION:**

Name HILLTOP MEDICAL SVCS  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_

**DESCRIPTION OF WORK & INTENDED USE:**

New Single Family Home (\*check type below)  
 Interior Remodel  Addition  
 Other (please specify): DEMO ONLY

**\*TYPE OF HOME PROPOSED:**

Site Built  Manufactured Home (UBC)  
 Manufactured Home (HUD)  
 Other (please specify): \_\_\_\_\_

**APPLICANT INFORMATION:**

Name R.W. JONES CONSTR.  
 Address 1880 K Rd.  
 City / State / Zip FRUITA, Co. 81521  
 Telephone 970 858-3396

NOTES: \_\_\_\_\_

**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-8 Maximum coverage of lot by structures \_\_\_\_\_  
 SETBACKS: Front \_\_\_\_\_ from property line (PL) Permanent Foundation Required: YES \_\_\_\_\_ NO \_\_\_\_\_  
 Side \_\_\_\_\_ from PL Rear \_\_\_\_\_ from PL Parking Requirement \_\_\_\_\_  
 Maximum Height of Structure(s) \_\_\_\_\_ Special Conditions demo only  
 Voting District \_\_\_\_\_ Driveway Location Approval \_\_\_\_\_  
 (Engineer's Initials)

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 10-26-04  
 Department Approval Gayleen Henderson Date 10-26-04

Additional water and/or sewer tap fee(s) are required: YES  NO  W/O No. \_\_\_\_\_  
 Utility Accounting [Signature] Date 10/26/04

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning & Development Code)  
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)