

FEE \$	5.00
TCP \$	0
SIF \$	0

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

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

Building Address 605 1/2 27 1/2 Rd.  
 Parcel No. 2945-013-00-021  
 Subdivision \_\_\_\_\_  
 Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

No. of Existing Bldgs \_\_\_\_\_ No. Proposed \_\_\_\_\_  
 Sq. Ft. of Existing Bldgs \_\_\_\_\_ Sq. Ft. Proposed \_\_\_\_\_  
 Sq. Ft. of Lot / Parcel \_\_\_\_\_  
 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

**APPLICANT INFORMATION:**

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

**\*TYPE OF HOME PROPOSED:**

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

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 <u>RMF-8</u>	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 <u>demo only</u>
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 Dayleen Henderson Date 10-26-04

Additional water and/or sewer tap fee(s) are required:	YES	<input checked="" type="checkbox"/> NO	W/O No. _____
Utility Accounting	<u>[Signature]</u>		Date <u>10/26/04</u>

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)