

FEE \$ <u>10.00</u>
TCP \$ <u>500.00</u>
SIF \$ <u>292.00</u>

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

BLDG PERMIT NO. _____

a



Building Address 664 ARTHUR CT
 Parcel No. 2945-032-89-009
 Subdivision COLONIAL HEIGHTS
 Filing 1 Block 3 Lot 9

No. of Existing Bldgs _____ Proposed 1
 Sq. Ft. of Existing Bldgs _____ Proposed 1800
 Sq. Ft. of Lot / Parcel 12757
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) _____

OWNER INFORMATION:

Name EMERY WELSH
 Address 3109 F Rd.
 City / State / Zip GRAND JCT. CO. KS 66504

DESCRIPTION OF WORK & INTENDED USE:

- New Single Family Home (*check type below)
- Interior Remodel Addition
- Other (please specify): _____

APPLICANT INFORMATION:

Name EMERY WELSH
 Address 3109 F Rd.
 City / State / Zip GRAND JCT. CO. KS 66504
 Telephone 261-4747

***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-5</u>	Maximum coverage of lot by structures <u>60%</u>
SETBACKS: Front <u>20'</u> from property line (PL)	Permanent Foundation Required: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Side <u>5'</u> from PL Rear <u>25'</u> from PL	Parking Requirement <u>2</u>
Maximum Height of Structure(s) <u>35'</u>	Special Conditions <u>Its from lic eng sig'd</u>
Voting District <u>"B"</u> Driveway Location Approval _____ (Engineer's Initials)	

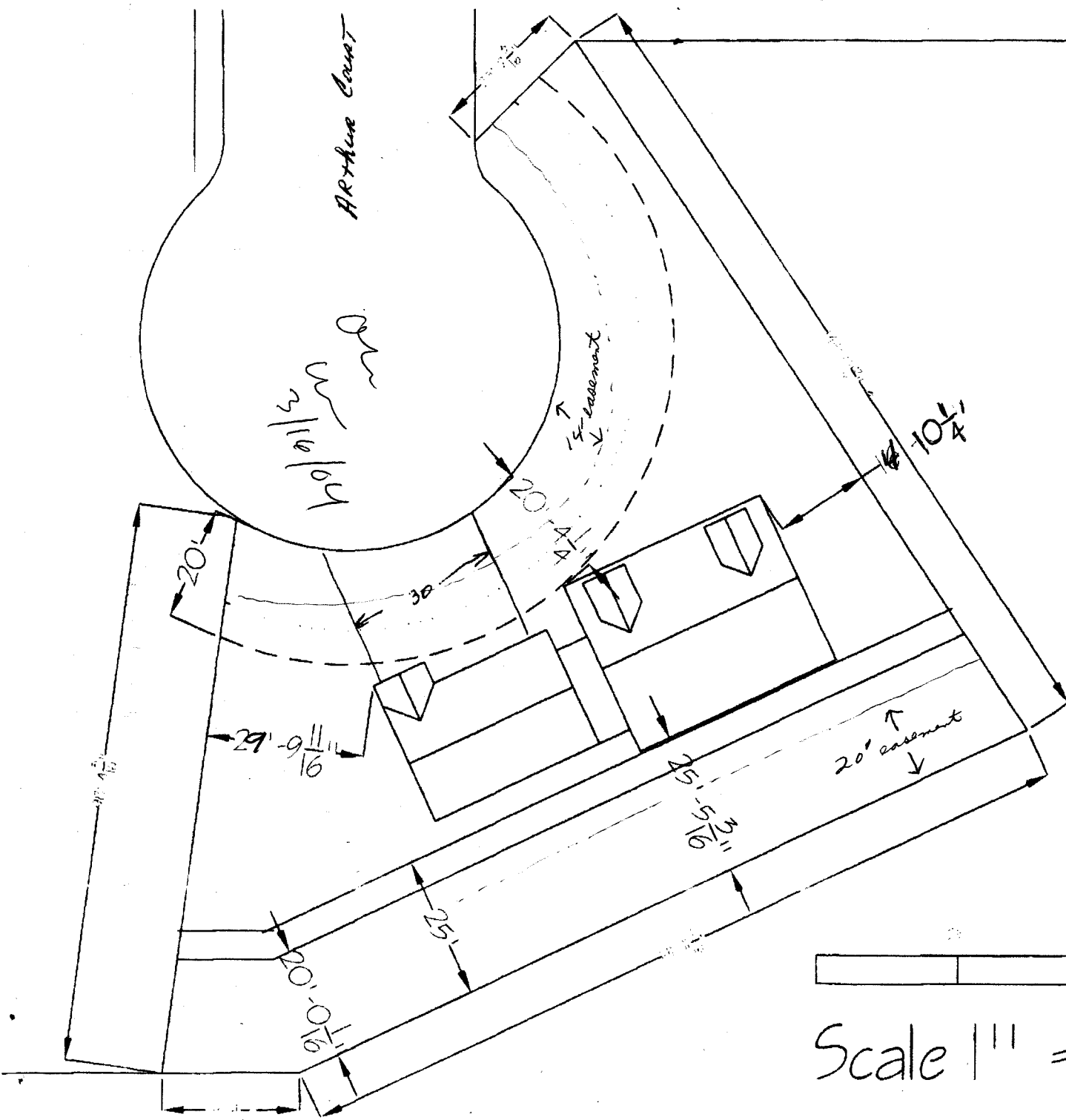
Modifications to this Planning Clearance must be approved, in writing, by the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building Department (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 Emery Welsh Date _____
 Department Approval GHC Tanya Hall Date 3/19/04

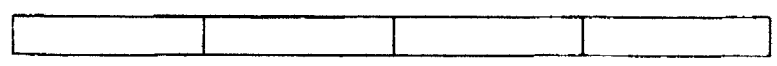
Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	W/O No. <u>17091</u>
Utility Accounting <u>D Vanover</u>	Date <u>3/19/04</u>		

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)



664 ARTHUR CT
 LOT 9
 BUC 3
 COLONIAL HEIGHTS
 PLUNG 1

3/19/04
 ACCEPTED P. Faye Hall
 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.



Scale 1" = 25'