FEE'\$	10.00
TCP\$	500,00
SIF \$	292.00

PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures)

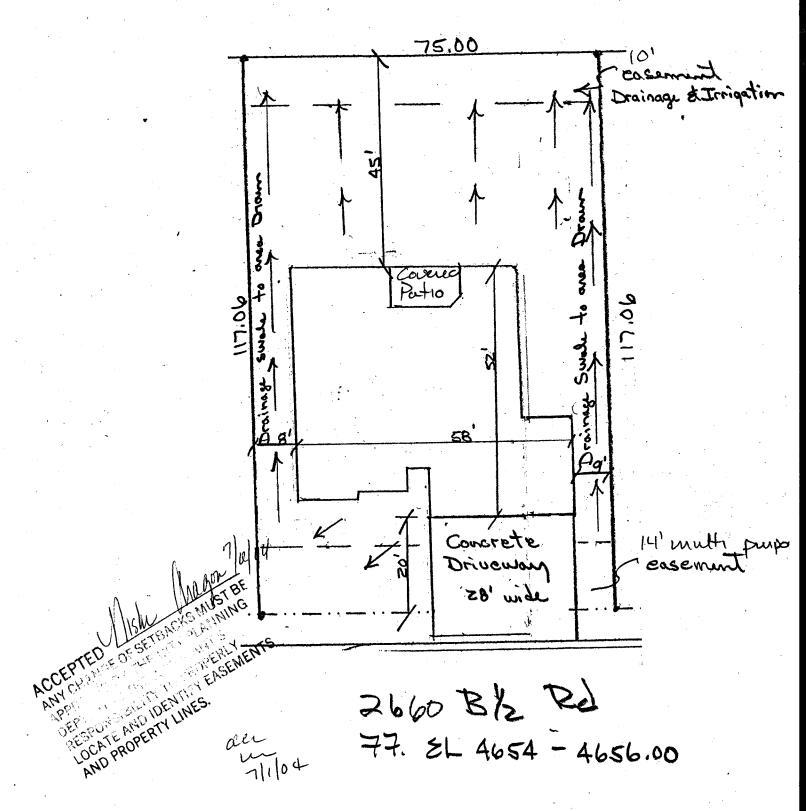
Community Development Department

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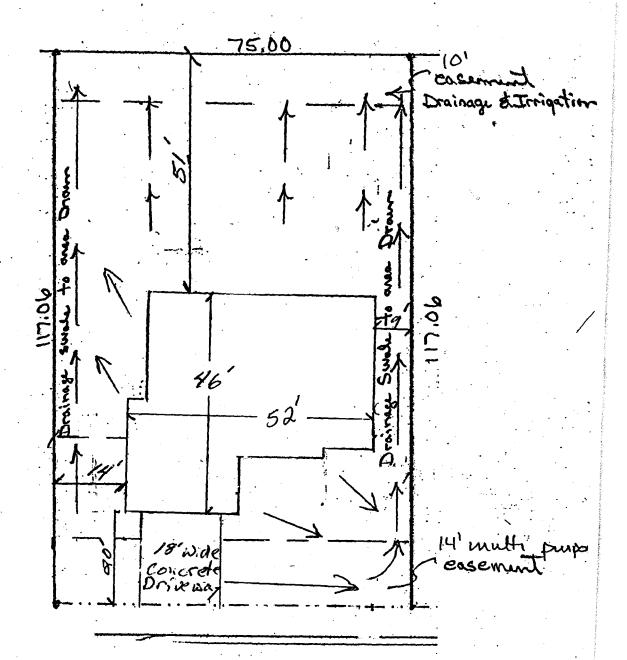
Building Address No. of Existing Bldgs _ No. Proposed Sq. Ft. Proposed 11355 Sq. Ft. of Existing Bldgs Sq. Ft. of Lot / Parcel Subdivision Filing Sq. Ft. Coverage of Lot by Structures & Impervious Surface **OWNER INFORMATION: DESCRIPTION OF WORK & INTENDED USE:** New Single Family Home (*check type below) Interior Remodel Addition Address Other (please specify): TYPE OF HOME PROPOSED: APPLICANT INFORMATION: Site Built Manufactured Home (UBC) Manufactured Home (HUD) Name Other (please specify):___ Address City / State / Zip Telephone 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 Maximum coverage of lot by structures 50% from property line (PL) Permanent Foundation Required: YES_____NO ____ **Parking Requirement** Maximum Height of Structure(s) ____ Driveway Voting District 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 Department Approval Date NO Additional water and/or sewer tap fee(s) are required: W/O No. **Utility Accounting** Date

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)



ACCEPTED Dayler Herdingon
ANY CHANGE OF SETBACKS MUST BE
APPROVED BY THE CITY PLANNING
DEPT. IT IS THE APPLICANT'S
RESPONSIBLE TO CAPERLY
LOCATE AREA CONTROLL
AND PROPERTY LINES.



Trive ole 2660 B/2 Rd

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