FEE \$ 10.00

(White: Planning)

(Yellow: Customer)

PLANNING CLEARANCE

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10	.)
10	۲ /

BLDG PERMIT NO.

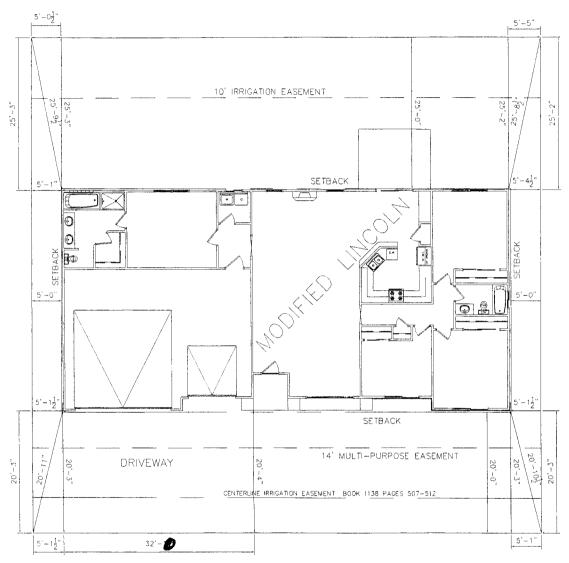
(Single Family Residential and Accessory Structures)

Community Development Department

Building Address <u>2508 Buchanan</u>	No. of Existing Bldgs	No. Proposed 22 90 4
Parcel No. <u> </u>	Sq. Ft. of Existing Bldgs	Sq. Ft. Proposed 290
subdivision <u>Colonial Heights</u>	Sq. Ft. of Lot / Parcel	
Filling 3 Block Lot 4	Sq. Ft. Coverage of Lot by Structu (Total Existing & Proposed)	
OWNER INFORMATION:	(Total Existing & Proposed)	
Name Sonshine II	DESCRIPTION OF WORK & INT	
Address <u>2350 G Road</u>	New Single Family Home (*che Interior Remodel	Addition
City/State/Zip Grand Jct, CD 81505	Other (please specify):	
APPLICANT INFORMATION:	*TYPE OF HOME PROPOSED:	
Name Sonshine II	Site Built Manufactured Home (HUD) Other (please specify):	Manufactured Home (UBC)
Address 2350 G Road		
City/State/Zip Grand Jct, CD 81505	NOTES:	
Telephone <u>255-8853</u>		
REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all en property lines, ingress/egress to the property, driveway location	xisting & proposed structure location	n(s), parking, setbacks to all
property lilies, iligiessiegress to the property, universal location	n a main a an cascinona a ngins-c.	-way willon abut ule parcei.
THIS SECTION TO BE COMPLETED BY COM		
	MUNITY DEVELOPMENT DEPART	MENT STAFF
THIS SECTION TO BE COMPLETED BY COM	MUNITY DEVELOPMENT DEPART Maximum coverage of lot by structure.	etures (LO %)
THIS SECTION TO BE COMPLETED BY COMP	MUNITY DEVELOPMENT DEPART Maximum coverage of lot by struct	etures <u>(e0</u> %)
THIS SECTION TO BE COMPLETED BY COMP ZONE	MUNITY DEVELOPMENT DEPART Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement	etures <u>(LÔ</u> ⁹ 0 YES_X_NO
THIS SECTION TO BE COMPLETED BY COMP ZONE	MUNITY DEVELOPMENT DEPART Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement	etures <u>(LÔ</u> ⁹ 0 YES_X_NO
THIS SECTION TO BE COMPLETED BY	MUNITY DEVELOPMENT DEPART Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement Special Conditions Approval from Lic Eng in writing, by the Community Development a final inspection has been community.	tures <u>(lû %)</u> YES_X_NO Ltr riquired Iopment Department. The opleted and a Certificate of
THIS SECTION TO BE COMPLETED BY	MUNITY DEVELOPMENT DEPART Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement Special Conditions Approval in writing, by the Community Development a final inspection has been compartment (Section 305, Uniform Building information is correct; I agree to consequence of the building(s).	tures <u>(l0</u> %) YES_X_NO NO lopment Department. The pleted and a Certificate of ilding Code). Inply with any and all codes, comply shall result in legal
THIS SECTION TO BE COMPLETED BY	MUNITY DEVELOPMENT DEPART Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement	tures <u>(l0</u> %) YES_X_NO NO lopment Department. The pleted and a Certificate of ilding Code). Inply with any and all codes, comply shall result in legal
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(Pink: Building Department)

(Goldenrod: Utility Accounting)



Drive OK

BUCHANAN DRIVE

4/11/05 SCALE: 1115" = 15-03



NOTE: DIMENSION LINES ARE PULLED FROM EDGE OF BRICK LEDGE, IF NO BRICK LEDGE EXISTS, DIMENSIONS WILL BE FROM EDGE OF FOUNDATION.

NOTE:
BUILDER TO VERIFY
ALL SETBACK AND EASEMENT
ENCROACHMENTS PRIOR
TO CONSTRUCTION

NOTE GRADE MUST SLOPE AWAY FROM HOUSE 6" OF FALL IN THE FIRST 10' OF DISTANCE PER LOCAL BUILDING CODE.

SUBDIVISION NAME	COLONIAL HEIGHTS- FILING 3
LOT NUMBER	4
BLOCK NUMBER	1
STREET ADDRESS	2508 BUCHANAN DRIVE
COUNTY	MESA
HOUSE SQ. FT.	1938 SF
LOT SIZE	7054 SF
	FRONT 20'
SETBACKS USED	SiDES 5'
	REAR 25'

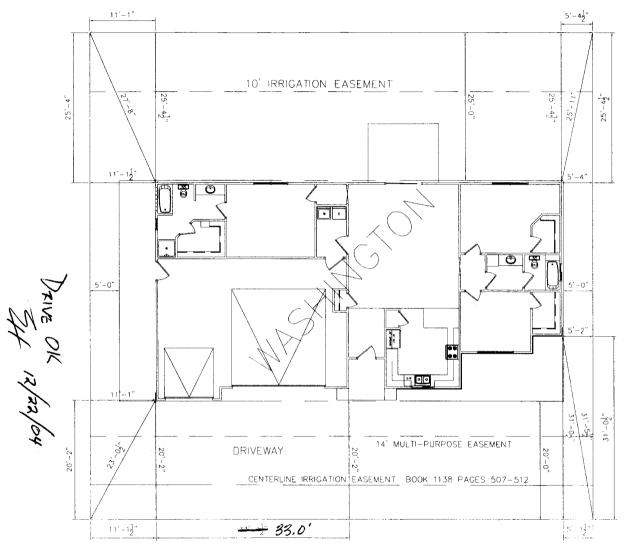
SIDES 5.

BEAR 52.

SIDES 2.

SIDES 3.

SIDES



ACCEPTED THE LILIARY PARTY CHANGE OF SETEACK MUST BE ANY CHANGE OF SETEACK MUST BE AND IDENTIFY EASEMENTS AND PROPERTY LINES.

NOTE:

BUILDER TO VERIFY
ALL SETBACK AND EASEMENT
ENCROACHMENTS PRIOR
TO CONSTRUCTION

NOTE GRADE MUST SLOPE AWAY FROM HOUSE 6" OF FALL IN THE FIRST 10' OF DISTANCE PER LOCAL BUILDING CODE

SITE PLAN	INFORMATION
SUBDIVISION NAME	COLONIAL HEIGHTS- FILING
LOT NUMBER	4
BLOCK NUMBER	1
STREET ADDRESS	2508 BUCHANAN DRIVE
COUNTY	MESA
HOUSE SQ. FT.	1557 SF
LOT SIZE	7054 SF
	FRONT 20'
SETBACKS USED	SiDES 5"
	REAR 25'

BUCHANAN DRIVE

8(C/ALE: 1/16)11 : 11-(D)11

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE



O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: **BUILDING OWNER'S NAME** Policy Number SONSHINE II CONSTRUCTION BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2508 BUChanan Drive Company NAIC Number CITY STATE ZIP CODE 81505 **GRAND JUNCTION** PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 4, BLK 1, COLONIAL HEIGHTS FILING III, BK 3573, PG'S 304-307 PARCEL # BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ##.##" or ##.####") USGS Quad Map ☑ NAD 1927 □ NAD 1983 Other: PLAT SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE** GRAND JUNCTION, COMMUNITY NUMBER 080117 MESA B4. MAP AND PANEL B7. FIRM PANEL **B9. BASE FLOOD ELEVATION(S)** NUMBER **B5. SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 0801170003 1-06-1882 /983 7-15-1992 4590 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. ☐ FIS Profile **M FIRM** Community Determined Other (Describe): NAVD 1988 Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?

Yes
No Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:

☐ Construction Drawings* ■ Building Under Construction* ☐ Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Flevations - Zones A1-A30. AE, AH. A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B. convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. WILLIAM CONTROL OF THE CONTROL OF TH Datum NAVD88 Conversion/Comments NGVD1929 BFE 4590 + 3.0 = 4593.0 BFE NAVD88 Does the elevation reference mark used appear on the FIRM? Yes X No Elevation reference mark used 4594.00st.(m) a) Top of bottom floor (including basement or enclosure) D b) Top of next higher floor N/A. ft.(m) ☐ c) Bottom of lowest horizontal structural member (V zones only) fL(m) d) Attached garage (top of slab) N/A. __fL(m) a e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A. fL(m) f) Lowest adjacent (finished) grade (LAG) _. ___ft.(m) MINIMAN LAND g) Highest adjacent (finished) grade (HAG) ft.(m) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A. B. and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME MICHAEL W. DRISSEL LICENSE NUMBER PLS 20677 TITLE PRESIDENT/PLS COMPANY NAME DH SURVEYS INC **ADDRESS** CITY STATE ZIP CODE 118 OURAY AVENUE **GRAND JUNCTION** 81501 CO SIGNATURE DATE TELEPHONE (970)245-8749

MPORTANT: In these spaces, copy the corresponding into					insurance Company Use.
UILDING STREET ADDRESS (Including Apt., Unit, Suite, and/o No.) OR I	P.O. ROUTE AND BOX N	0.		Pol	cy Number
ITY RAND JUNCTION	STATE CO		ZIP CODE 81505	Cor	npany NAIC Number
SECTION D - SURVEYOR, ENC	GINEER, OR ARCHI	TECT CERTIFICA	TION (CON	ITINUED)	
opy both sides of this Elevation Certificate for (1) community official, (2)	insurance agent/comp	any, and (3) building	owner.		
OMMENTS					
				П	Check here if attachment
SECTION E - BUILDING ELEVATION INFORMATIO	ON (SURVEY NOT R	EQUIRED) FOR Z	ONE AO A		
Zone AO and Zone A (without BFE), complete Items E1 through E4. If					
ction C must be completed.	ta dha baildha fao mhish	Alia a adica da la lacia			d 7. If no discours assumetal
Building Diagram Number _(Select the building diagram most similar t represents the building, provide a sketch or photograph.)	to the building for which	this certificate is bein	g compieted ·	-see pages o an	u 7. II no diagram accuratei
The top of the bottom floor (including basement or enclosure) of the but	uilding is ft.(m) in	(cm) above or [below (che	eck one) the high	est adjacent grade. (Use
natural grade, if available).		(,			
For Building Diagrams 6-8 with openings (see page 7), the next higher	floor or elevated floor (e	elevation b) of the bui	lding isft.	(m)in.(cm) ab	ove the highest adjacent
grade. Complete items C3.h and C3.i on front of form.					
The top of the platform of machinery and/or equipment servicing the bu	uilding isft.(m)in.	(cm) ∐labove or [below (che	eck one) the high	est adjacent grade. (Use
natural grade, if available). For Zone AO only: If no flood depth number is available, is the top of the	he hottom floor elevated	in accordance with t	ha communit	v's floodolain mar	aggement ordinance?
Yes No Unknown. The local official must certify this inf		THI GOOD GOTTOC WIELD	ne community	y o noodplant mai	agoman orananoc:
SECTION F - PROPERTY OWN		REPRESENTATIV	E) CERTIF	ICATION	
e property owner or owner's authorized representative who completes				ne A (without a Fl	EMA-issued or community-
sued BFE) or Zone AO must sign here. The statements in Sections A,		to the best of my kno	weage.		
ROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTA" ONSHINE CONSTRUCTION II	HVE'S NAME				
DDRESS	Cl	Υ		STATE	ZIP CODE
350 G ROAD		AND JUNCTION		CO	81505
IGNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DA	" 9/14/18	le/	TELEPHONE 970-255-8853	
OMMENTS			/		
					Check here if attachments
SECTION G - C	OMMUNITY INFOR	MATION (OPTION	AL)		
local official who is authorized by law or ordinance to administer the co	mmunity's floodplain ma	anagement ordinance	e can complet	e Sections A, B,	C (or E), and G of this Eleva
tificate. Complete the applicable item(s) and sign below.	46 - 1 fr - 2 fr - 2 - 2 - 2 - 2 - 2 - 2 - 2	. d			and the set of the set of the set of the
The information in Section C was taken from other documentation or local law to certify elevation information. (Indicate the source ar	-	•	-	-	rcnitect who is authorized by
☐ A community official completed Section E for a building located in 2				•	
The following information (Items G4-G9) is provided for community			,	,	
I. PERMIT NUMBER G5. DATE PERMIT ISSUED FLP-2004-214	9/30/04	G6. DATE C	ERTIFICATE (OF COMPLIANCE/	OCCUPANCY ISSUED
This permit has been issued for New Construction Substanti			-(m)		Datum: NAV
Elevation of as-built lowest floor (including basement) of the building is:		4593. ft	` '		Datum: NAV
BFE or (in Zone AO) depth of flooding at the building site is:		4373. II	. (III)		Datum. IVAV
DCAL OFFICIAL'S NAME Rick Dorris		TITLE	Dovet	onmont E-	ainaan
INDE POLICE		TELEPHONE		opment En 56-4034	gmeer
OMMUNITY NAME City of Grand Junction		· ·			
		DATE	9-30-0	14	
OMMUNITY NAME City of Grand Junction GNATURE DMMENTS		DATE	9-30-0)4 	