

FEE \$	10.00
TCP \$	500.00
SIF \$	292.00

# PLANNING CLEARANCE

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

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



Your Bridge to a Better Community

BLDG ADDRESS 711 ESTATES BLVD. SQ. FT. OF PROPOSED BLDGS/ADDITION 6000 #

TAX SCHEDULE NO. 2701-344-24-005 SQ. FT. OF EXISTING BLDGS N/A

SUBDIVISION THE ESTATES TOTAL SQ. FT. OF EXISTING & PROPOSED 6000 #

FILING \_\_\_\_\_ BLK 2 LOT 13

NO. OF DWELLING UNITS:  
 Before: 0 After: 1 this Construction

NO. OF BUILDINGS ON PARCEL  
 Before: 0 After: 2 this Construction

(1) OWNER GARY ZANCANELLI

(1) ADDRESS 712 INDEPENDENCE VALLEY  
81503

(1) TELEPHONE 242-8385

USE OF EXISTING BUILDINGS N/A

(2) APPLICANT DAVID HOFFMAN

DESCRIPTION OF WORK & INTENDED USE NEW SINGLE FAMILY

(2) ADDRESS 3755 HORIZON GLEN CT.

TYPE OF HOME PROPOSED:  
 Site Built \_\_\_\_\_ Manufactured Home (UBC)  
 \_\_\_\_\_ Manufactured Home (HUD)  
 \_\_\_\_\_ Other (please specify) \_\_\_\_\_

(2) TELEPHONE 250-9558

**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 RSF-2

Maximum coverage of lot by structures 30%

SETBACKS: Front 20' from property line (PL)  
 or \_\_\_\_\_ from center of ROW, whichever is greater

Permanent Foundation Required: YES  NO \_\_\_\_\_

Side 15' from PL, Rear 30' from PL

Parking Req'mt 2

Maximum Height 35'

Special Conditions Fire Dept must Review & approve plans

CENSUS \_\_\_\_\_ TRAFFIC \_\_\_\_\_ ANN# \_\_\_\_\_

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 David Hoffman Date 5.13.04

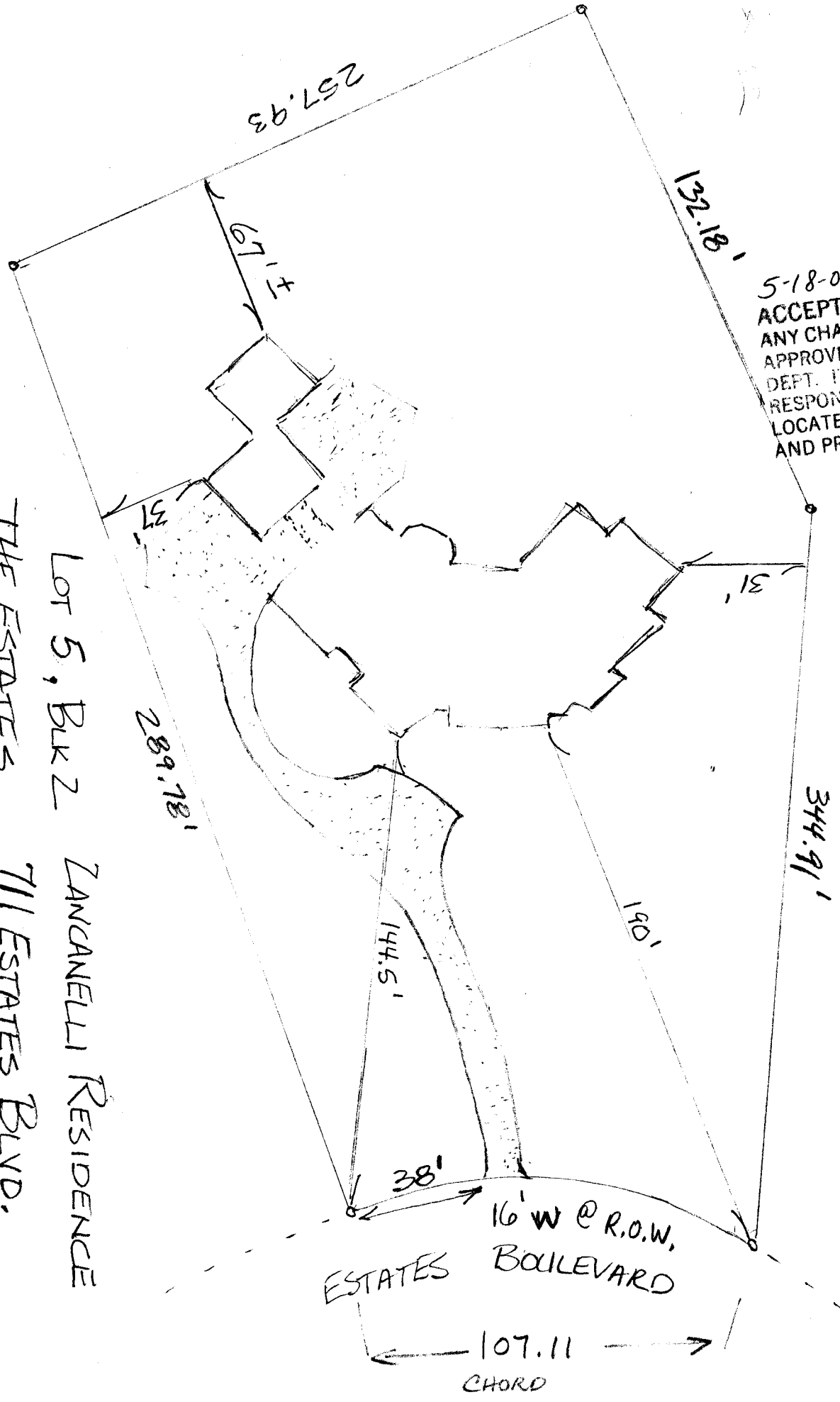
Department Approval M. Gayle Henderson Date 5-18-04

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO _____	W/O No. <u>17247</u>
Utility Accounting	<u>Bob Weholt</u>	Date <u>5/18/04</u>	

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

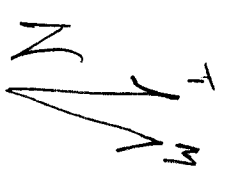
(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

THE ESTATES  
Lot 5, Blk 2  
ZANCANELLI RESIDENCE  
711 ESTATES BLVD.



5-18-04 Dayle Henderson  
ACCEPTED  
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.

all  
w  
5/14/04



## GRAND JUNCTION FIRE DEPARTMENT CLEARANCE FORM

**Note: Allow a minimum of ten (10) working days for plan review**

PROJECT NAME Zancanelli Residence	PROJECT ADDRESS 711 Estates Blvd	BUILDING USE Single Family Residence
CONTRACTOR NAME Mtn. High Ent.	CONTACT NAME David Hoffman	CONTACT PHONE NUMBER 250-9558 - 243-9564

**FOR OFFICE USE ONLY**

<b>PLAN REVIEW</b> <input type="checkbox"/> Stamped Building Plans <input type="checkbox"/> Minor Project	<b>DATE COMPLETED:</b> 0      5/17/04
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<b>FIRE PROTECTION SYSTEM</b> <input type="checkbox"/> System Plans <input type="checkbox"/> Hydraulic Calculations <input type="checkbox"/> Component Cut Sheets <input type="checkbox"/> CO State Registration Form	<b>DATE COMPLETED:</b>
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<b>FIRE ALARM SYSTEM</b> <input type="checkbox"/> System Plans <input type="checkbox"/> Component Cut Sheets <input type="checkbox"/> Battery Calculations	<b>DATE COMPLETED:</b>
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<b>HOOD EXTINGUISHING SYSTEM</b> <input type="checkbox"/> System Plans <input type="checkbox"/> Component Cut Sheets	<b>DATE COMPLETED:</b>
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<b>SPRAY BOOTH</b> <input type="checkbox"/> Building Plans Extinguishing Systems <input type="checkbox"/> Water (see Fire Protection System above for requirements) <input type="checkbox"/> Chemical (see Hood Extinguishing System above for requirements)	<b>DATE COMPLETED:</b>
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<b>KNOX BOX REQUIRED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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\*All tests and inspections require a minimum of twenty four (24) hrs advance notice.

\*Fire Department-approved plans must be on site during required inspections.

\*For final inspection, call 256-1564 (IVR INSPECTION CODES: 00 for Underground Fire Lines, 02 for Sprinkler Systems, 04 for Alarm System, 06 for Hood System, 08 for Spray Booth, 10 for Smoke Test, 12 for AST/UST, 20 for Fire Final)

**REVIEW COMMENTS**

1. Required Fire Flow is 2000 GPM.
2. Available Fire Flow is 1498 GPM.
3. Reduction of required fire flow to 1000 GPM is allowed if the home is fully sprinkled.
4. A NFPA 13D sprinkler system is required. Have designer submit complete plans, spec's, hydraulic calculations to F.D. for our review and approval.
5. The sprinkler contractor shall be licensed with the Colorado Division of Fire Safety.
6. Plans are acceptable for building permit clearance.

REVIEWER'S NAME:	<i>Norm Noble</i>	DATE:	05/17/04
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I HAVE READ AND UNDERSTAND THE REVIEW COMMENTS AND REQUIREMENTS INDICATED ABOVE:

*David Hoffman*  
Applicant's Signature

*5.18.04*  
Date

Fee *0* Paid