

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

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

BLDG PERMIT NO. _____



Building Address 720 ESTATES BLVD
Parcel No. 2701-344-25-003
Subdivision THE ESTATES
Filing 1 Block 3 Lot 3

No. of Existing Bldgs 0 Proposed 1
Sq. Ft. of Existing Bldgs 0 Proposed 6131
Sq. Ft. of Lot / Parcel 70,567 \square'
Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) _____

OWNER INFORMATION:

Name Dr. M. MURRAY
Address 3343 NORWALK ST
City / State / Zip GRAND Jct. CO

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name FENSKE CONSTRUCTION
Address 6600 KANNAH CREEK
City / State / Zip Whitewater, Co 81527
Telephone 970-242-2265

***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>RSF-2</u>	Maximum coverage of lot by structures <u>30%</u>
SETBACKS: Front <u>20'</u> from property line (PL)	Permanent Foundation Required: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Side <u>15'</u> from PL Rear <u>30'</u> from PL	Parking Requirement <u>2</u>
Maximum Height of Structure(s) <u>35'</u>	Special Conditions <u>Fire Dept approval required on Planning Clearance</u>
Voting District <u>B</u> Driveway Location Approval <u>ll</u> (Engineer's Initials)	

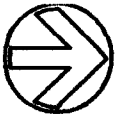
Modifications to this Planning Clearance must be approved, in writing, by the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building Department (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).

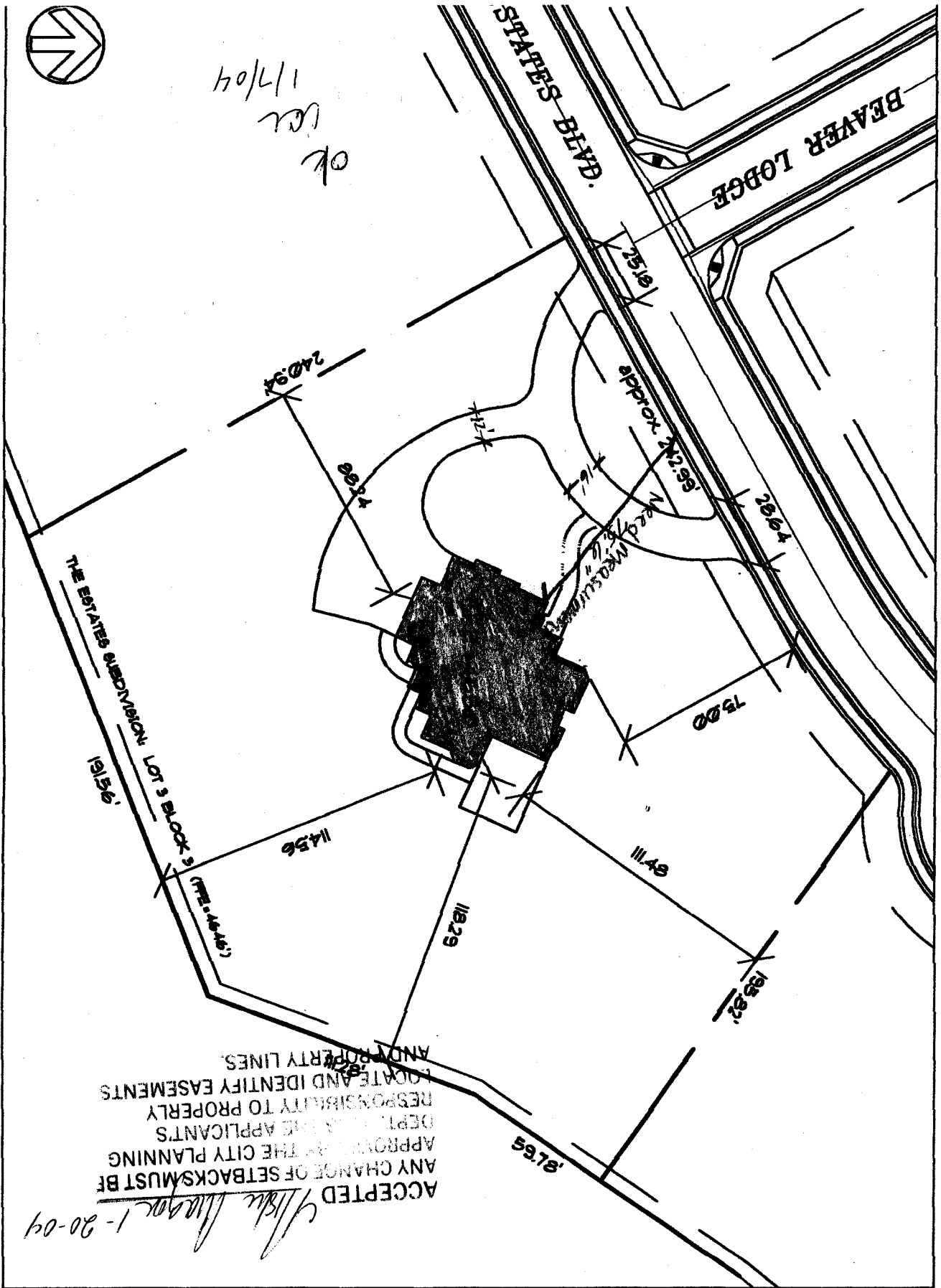
Applicant Signature [Signature] Date JAN-7-04
Department Approval NAL/ISHU Wagon Date 1-20-04

Additional water and/or sewer tap fee(s) are required/	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	W/O No. <u>16960</u>
Utility Accounting <u>[Signature]</u>	Date <u>1-20-04</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)



OK
LCL
1/7/04



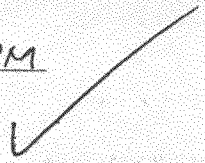
SP	ZAO Engineers, Ltd. 	Fenske Construction Grand Junction, CO (970) 640-2424	Site Plan 720 Estates Blvd. The Estates Subdivision
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OFFICE USE ONLY:

DATE RCVD: 1/7/2004

TIME RCVD: 1:00PM

GRAND JUNCTION FIRE DEPARTMENT CLEARANCE FORM



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

PROJECT NAME: <u>MURRAY RESIDENCE</u>	PROJECT ADDRESS: <u>720 BSTATES BLVD</u>	BUILDING USE: <u>RESIDENCE</u>
CONTRACTOR NAME: <u>FENSKE CONST</u>	CONTACT NAME: <u>MARK FENSKE</u>	CONTACT PHONE NUMBER: <u>(970) 242-7765</u>

FOR OFFICE USE ONLY

PLAN REVIEW	DATE COMPLETED:
<input type="checkbox"/> Stamped Building Plans <input type="checkbox"/> Minor Project	
FIRE PROTECTION SYSTEM	DATE COMPLETED:
<input type="checkbox"/> System Plans <input type="checkbox"/> Hydraulic Calculations <input type="checkbox"/> Component Cut Sheets <input type="checkbox"/> CO State Registration Form	
FIRE ALARM SYSTEM	DATE COMPLETED:
<input type="checkbox"/> System Plans <input type="checkbox"/> Component Cut Sheets <input type="checkbox"/> Battery Calculations	
HOOD EXTINGUISHING SYSTEM	DATE COMPLETED:
<input type="checkbox"/> System Plans <input type="checkbox"/> Component Cut Sheets	
SPRAY BOOTH	DATE COMPLETED:
<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)	
KNOX-BOX REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*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, AVAILABLE FLOW IS 1498 GPM. REDUCTION OF REQUIRED FLOW TO 1000 GPM ALLOWED BY INSTALLATION OF FIRE SPRINKLERS

2) A IBD SPRINKLER SYSTEM REQUIRED HAVE YOUR FIRE SPRINKLER DESIGNER SUBMIT PLANS, SPECIFICATIONS & CALCULATIONS TO THE FIRE DEPT. FOR REVIEW AND APPROVAL

REVIEWER'S NAME: Hank Masterson DATE: 1-7-04 TIME: 1:10

I HAVE READ AND UNDERSTAND THE REVIEW COMMENTS INDICATED ABOVE AND REQUIREMENTS:

Applicant's Signature

Date

Fee 0

Paid —