

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 2503 Hayes SQ. FT. OF PROPOSED BLDGS/ADDITION 2177 #

TAX SCHEDULE NO. 2945-032-92-004 SQ. FT. OF EXISTING BLDGS _____

SUBDIVISION Colonial Heights TOTAL SQ. FT. OF EXISTING & PROPOSED 2177 #

FILING 2 BLK 3 LOT 1

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

(1) OWNER Cody Davis

(1) ADDRESS 1023 24 Rd

(1) TELEPHONE (970) 243-3921

(2) APPLICANT Cody Davis

(2) ADDRESS 1023 24 Rd

(2) TELEPHONE 243-3921

USE OF EXISTING BUILDINGS _____

DESCRIPTION OF WORK & INTENDED USE Single Family

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

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 BMF-5

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

Side 5' from PL, Rear 25' from PL

Maximum Height 35'

B

Maximum coverage of lot by structures 60%

Permanent Foundation Required: YES X NO _____

Parking Req'mt 2

Special Conditions Letter from Engineer required.

CENSUS _____ TRAFFIC _____ ANNX# _____

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).

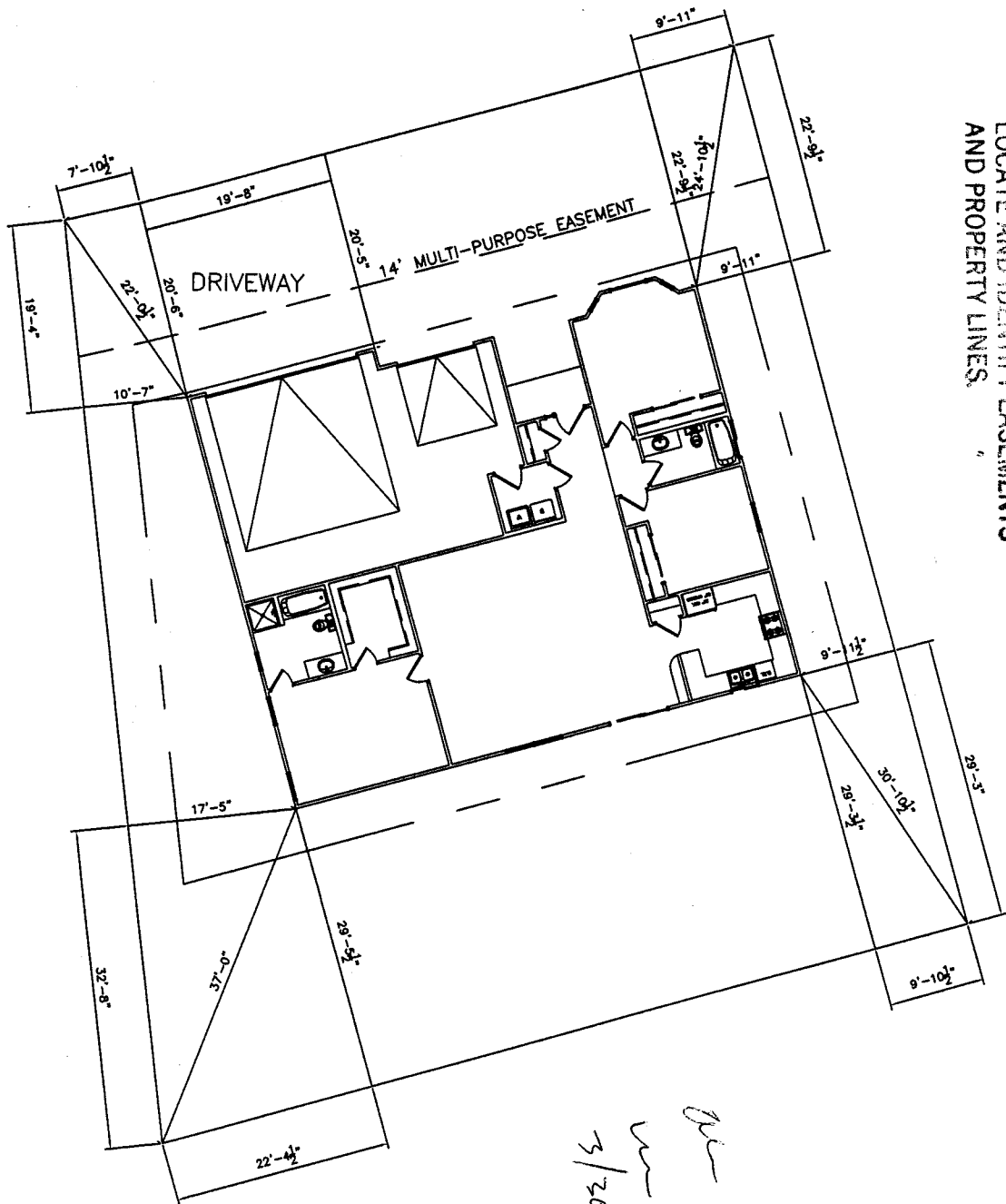
Applicant Signature Cody Davis Date 3-26-04

Department Approval W. Gayle Henderson Date 3-4-04

Additional water and/or sewer tap fee(s) are required:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	W/O No. <u>17138</u>
Utility Accounting <u>Prover</u>	Date <u>4-6-04</u>		

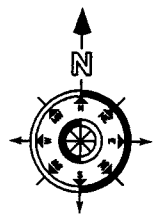
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

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



3/20/04
[Handwritten initials]

4-6-04
 ACCEPTED *Gayleen Henderson*
 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.



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

2503 Hayes

SITE PLAN INFORMATION	
SUBDIVISION NAME	COLONIAL HEIGHTS- FILING 2
LOT NUMBER	1
BLOCK NUMBER	3
STREET ADDRESS	?
COUNTY	MESA
HOUSE LIVING SQ. FT.	1573 SF
LOT SIZE	7349 SF
SETBACKS USED	FRONT 20'
	SIDES 5'
	REAR 25'

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