

FEE \$	10.00
TCP \$	0
SIF \$	292.00

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

BLDG PERMIT NO. _____



Your Bridge to a Better Community

BLDG ADDRESS 456 JoAnn Ct
 TAX SCHEDULE NO. 2943-161-⁴⁵~~95~~-006
 SUBDIVISION Iler
 FILING _____, BLK 1 LOT 6
 (1) OWNER Jamie Miller
 (1) ADDRESS 536 Virgo Way Flint
 (1) TELEPHONE 241-2871 x 106 mobile
 (2) APPLICANT SAME
 (2) ADDRESS _____
 (2) TELEPHONE _____

SQ. FT. OF PROPOSED BLDGS/ADDITION 1656
 SQ. FT. OF EXISTING BLDGS 0
 TOTAL SQ. FT. OF EXISTING & PROPOSED 1656
 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction
 NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction
 USE OF EXISTING BUILDINGS N/A
 DESCRIPTION OF WORK & INTENDED USE New 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 RMF-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'

Maximum coverage of lot by structures 60%
 Permanent Foundation Required: YES X NO _____
 Parking Req'mt 2
 Special Conditions _____
 CENSUS C 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 [Signature] Date 6/30/04
 Department Approval NAC Jayer Hall Date 7/1/04

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>7413</u>
Utility Accounting	<u>Kestel's berry</u>	Date	<u>7/1/04</u>

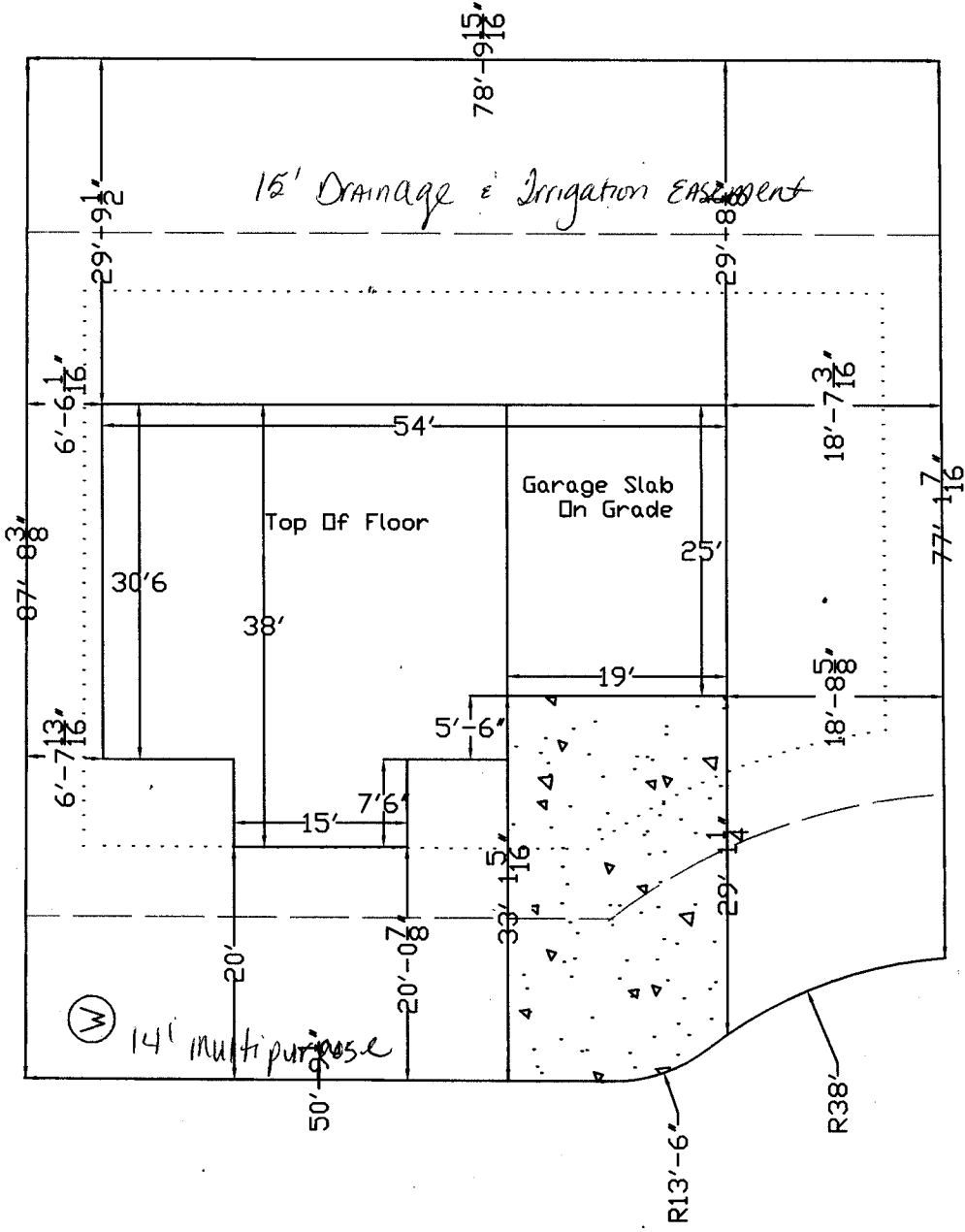
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

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

DATE	APPROVED
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6/30/04
[Handwritten initials]

ACCEPTED *[Signature]*
 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.



Miller Residence	
456 JoAlan Court	
Iles Subdivision	SQ.FT. 6759
SCALE	Housing Resources
A N	
Lot 6 Block 1	

Driveway Area Approx. 616 Sq. Ft.