

FEE \$ <u>10.00</u>
TCP \$ <u>0</u>
SIF \$ <u>292.00</u>

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

BLDG PERMIT NO. _____



Your Bridge to a Better Community

BLDG ADDRESS 467 JoAnn Ct. SQ. FT. OF PROPOSED BLDGS/ADDITION 1656
 TAX SCHEDULE NO. 2943-161-46-007 SQ. FT. OF EXISTING BLDGS 0
 SUBDIVISION Iles TOTAL SQ. FT. OF EXISTING & PROPOSED 1656
 FILING _____ BLK 2 LOT 7 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction
 (1) OWNER Housing Resources NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction
 (1) ADDRESS 524 30 Row #3 #104 USE OF EXISTING BUILDINGS N/A
 (1) TELEPHONE 241-2871 x 106 mervsr DESCRIPTION OF WORK & INTENDED USE New Single Family
 (2) APPLICANT SAME TYPE OF HOME PROPOSED:
 (2) ADDRESS _____ Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 (2) TELEPHONE _____ _____ 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 Maximum coverage of lot by structures 100%
 SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES X NO _____
 or _____ from center of ROW, whichever is greater
 Side 5' from PL, Rear 25' from PL Parking Req'mt 2
 Maximum Height 35' 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 [Signature] Date 7/1/04

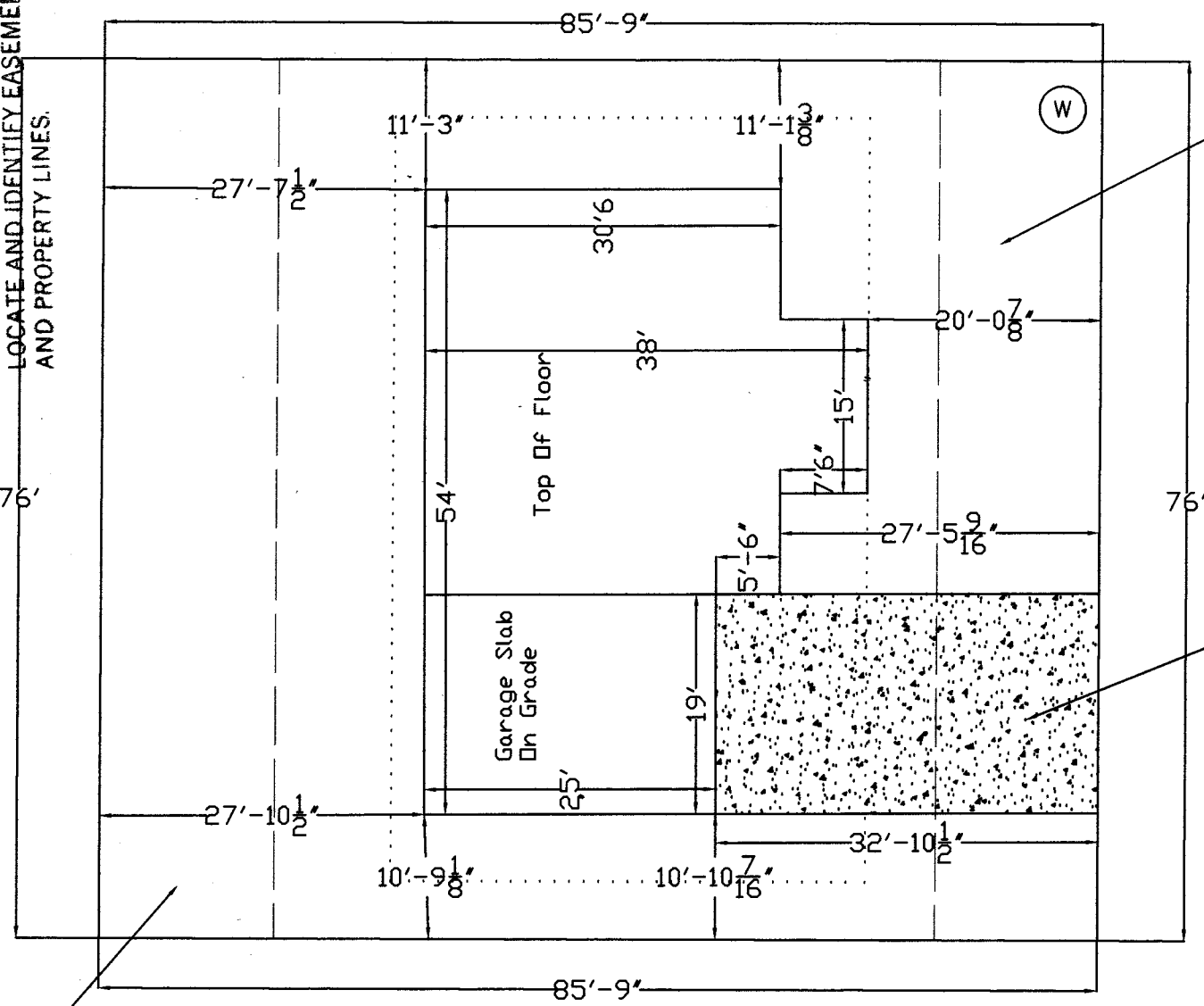
Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>17405</u>
Utility Accounting	<u>[Signature]</u>	Date	<u>7/1/04</u>

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)

7/14/04
ACCEPTED *C. Faye Hall*
 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.

DATE	APPROVED
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	Residence	
	467 JoAlan Court	
Lot 7 Block 2	Iles Subdivision	SQ.FT. 6517
	SCALE	Housing Resources