

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

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

BLDG PERMIT NO. _____

53374-11699

Building Address 1057 LAKE SIDE CT.
 Parcel No. 2945-024-11-011
 Subdivision LAKE SIDE
 Filing _____ Block 1 Lot 11

No. of Existing Bldgs 1 No. Proposed 1
 Sq. Ft. of Existing Bldgs 2271 Sq. Ft. Proposed 300
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) _____

OWNER INFORMATION:

Name STEVE & JUDY AXHELM
 Address 1057 LAKE SIDE CT
 City / State / Zip GRAND Jct CO 8506

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name DISTINCTIVE DESIGN BLDGS
 Address 1255 21 RD
 City / State / Zip GRAND Jct CO 8505
 Telephone 858-9091-269611

***TYPE OF HOME PROPOSED:**

- Site Built
- Manufactured Home (HUD)
- Other (please specify): _____
- Manufactured Home (UBC)

NOTES: New window seats, greenhouse, sunroom & deck (2).

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>PD</u> | Maximum coverage of lot by structures _____ |
| SETBACKS: Front _____ from property line (PL) | Permanent Foundation Required: YES _____ NO <u>X</u> |
| Side <u>5'</u> from PL Rear <u>15'</u> from PL | Parking Requirement _____ |
| Maximum Height of Structure(s) _____ | Special Conditions _____ |
| Voting District _____ | Driveway Location Approval _____ <small>(Engineer's Initials)</small> |

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).

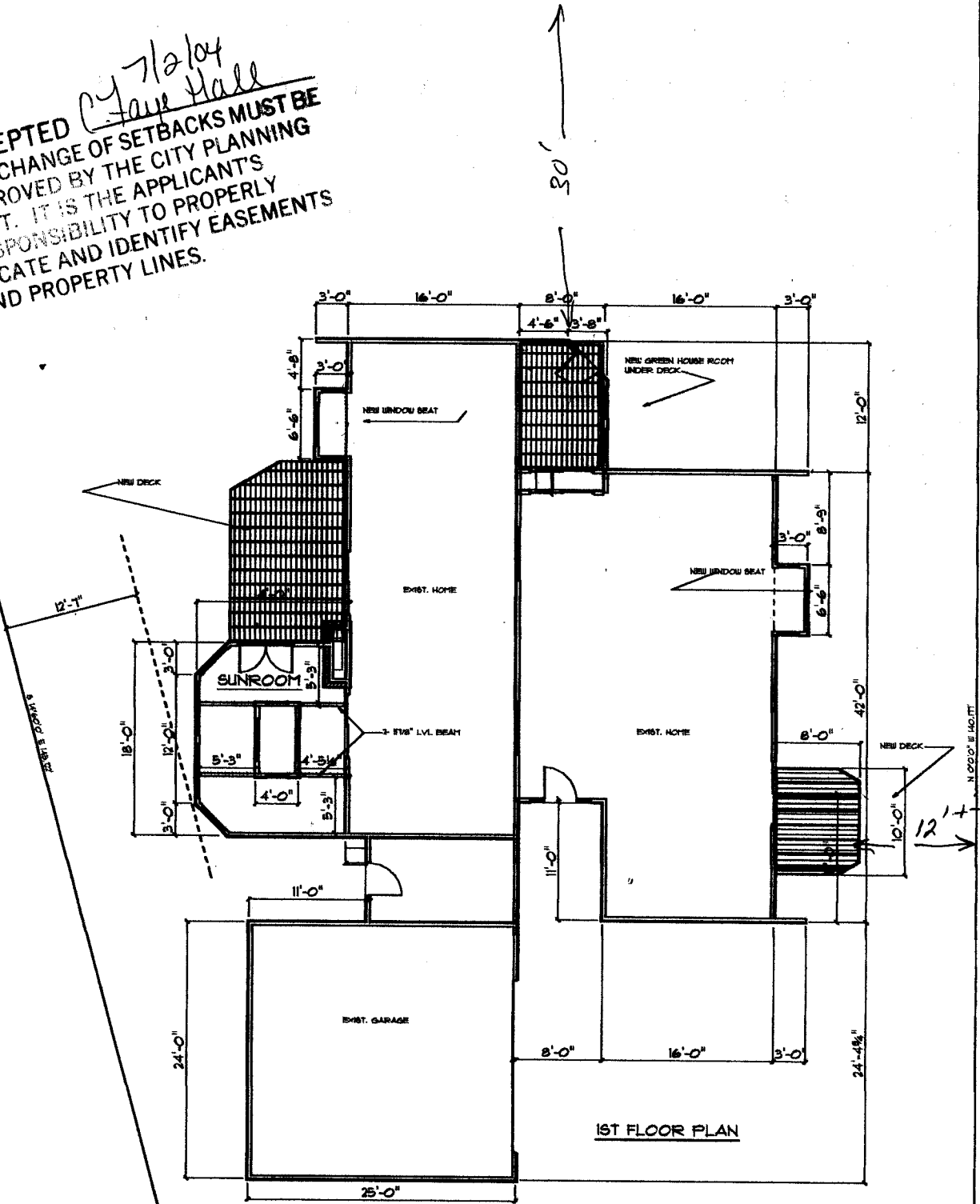
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature _____ Date _____
 Department Approval C. Faye Hall Date 7/2/04

| | | | |
|--|---|-----------------------------|---------------------------------|
| Additional water and/or sewer tap fee(s) are required: | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | W/O No. <u>interior remodel</u> |
| Utility Accounting <u>OK on owner</u> | Date <u>7-2-04</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)

ACCEPTED *Cy 7/2/04*
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.



1ST FLOOR PLAN

DISTINCTIVE DESIGN
 (970) 858-9091 (970) 260-9611

