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|----------------------|
| FEE \$ <u>10.00</u> |
| TCP \$ <u>500.00</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 239 Linden Ave SQ. FT. OF PROPOSED BLDGS/ADDITION 1375

TAX SCHEDULE NO. 2945-264-38-003 SQ. FT. OF EXISTING BLDGS 0

SUBDIVISION Camarron mesa TOTAL SQ. FT. OF EXISTING & PROPOSED 1375

FILING 1 BLK 4 LOT 3 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction

(1) OWNER Constructors West, Inc NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction

(1) ADDRESS 514 28 1/4 Rd. Suite 5

(1) TELEPHONE 970-241-5457

(2) APPLICANT Constructors West

(2) ADDRESS 514 28 1/4 Rd. Suite 5

(2) TELEPHONE 970-241-5457

USE OF EXISTING BUILDINGS _____

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 RSF-4

Maximum coverage of lot by structures 50%

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

Permanent Foundation Required: YES NO _____

Side 7' from PL, Rear 25' from PL

Parking Req'mt 2

Maximum Height 35'

Special Conditions _____

"E"

CENSUS _____ 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 Joni Sagillo

Date 3/18/04

Department Approval St C. Lape Hall

Date 3/23/04

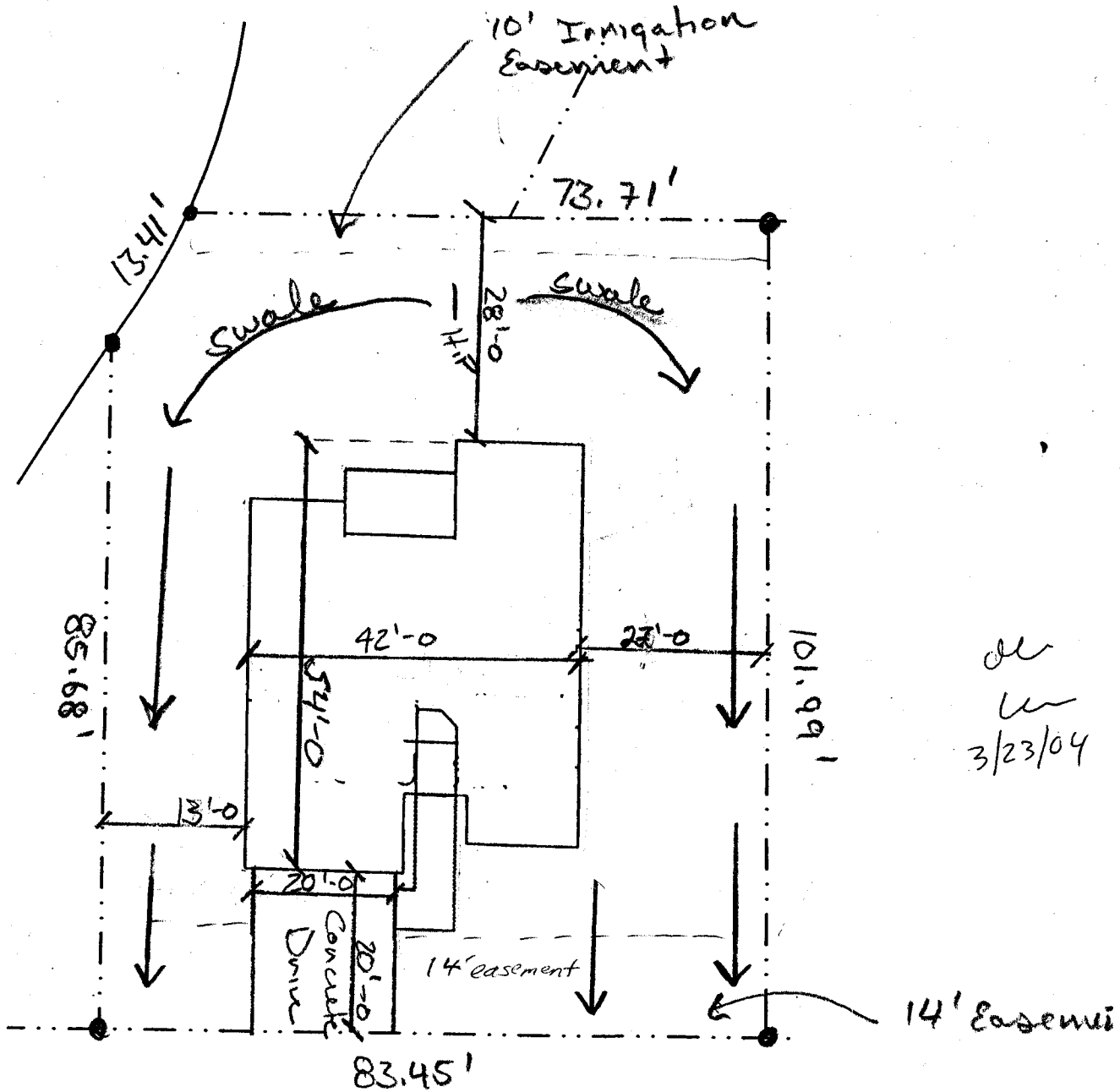
| | | | |
|--|---|-----------------------------|----------------------------|
| Additional water and/or sewer tap fee(s) are required: | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | W/ONG. <u>paid @ OMSD.</u> |
| Utility Accounting <u>Cattelsbaw</u> | Date <u>3/23/04</u> | | |

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)

LOT 3 Block 4

3/23/04
ACCEPTED *Cy Jaye 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.



239 Linden Ave.

T.O.C 4678-4680