

FEE \$	5.00
TCP \$	0
SIF \$	0

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

BLDG PERMIT NO. \_\_\_\_\_



Your Bridge to a Better Community

UT#? \_\_\_\_\_

BLDG ADDRESS 515 PATTERSON Rd. SQ. FT. OF PROPOSED BLDGS/ADDITION \_\_\_\_\_

TAX SCHEDULE NO. 2945-112-00-931 SQ. FT. OF EXISTING BLDGS \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ TOTAL SQ. FT. OF EXISTING & PROPOSED \_\_\_\_\_

FILING \_\_\_\_\_ BLK \_\_\_\_\_ LOT \_\_\_\_\_

NO. OF DWELLING UNITS:  
 Before: 0 After: 0 this Construction

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

(1) OWNER ST. MARY'S HOSPITAL

(1) ADDRESS 2635 No 7th St.

(1) TELEPHONE 244-2445

USE OF EXISTING BUILDINGS Health Dept

(2) APPLICANT WARREN DETTMER  
R.W. JONES CONSTR.

DESCRIPTION OF WORK & INTENDED USE DEMIG ONLY

(2) ADDRESS 1880 K Rd. FRUITA, Co.

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

(2) TELEPHONE 858-3396

**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 PD Maximum coverage of lot by structures \_\_\_\_\_

SETBACKS: Front \_\_\_\_\_ from property line (PL)  
 or \_\_\_\_\_ from center of ROW, whichever is greater

Permanent Foundation Required: YES \_\_\_\_\_ NO \_\_\_\_\_

Side \_\_\_\_\_ from PL, Rear \_\_\_\_\_ from PL

Parking Req'mt \_\_\_\_\_

Maximum Height \_\_\_\_\_

Special Conditions Demo Only

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 [Signature] Date \_\_\_\_\_

Department Approval C. Faye Hall Date 3/24/04

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No.
Utility Accounting	<u>[Signature]</u>	Date	<u>3-24-04</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)