TCP\$ None

(White: Planning)

PLANNING CLEARANCE

BLDG PERMIT NO.

(Goldenrod: Utility Accounting)

(Single Family Residential and Accessory Structures)

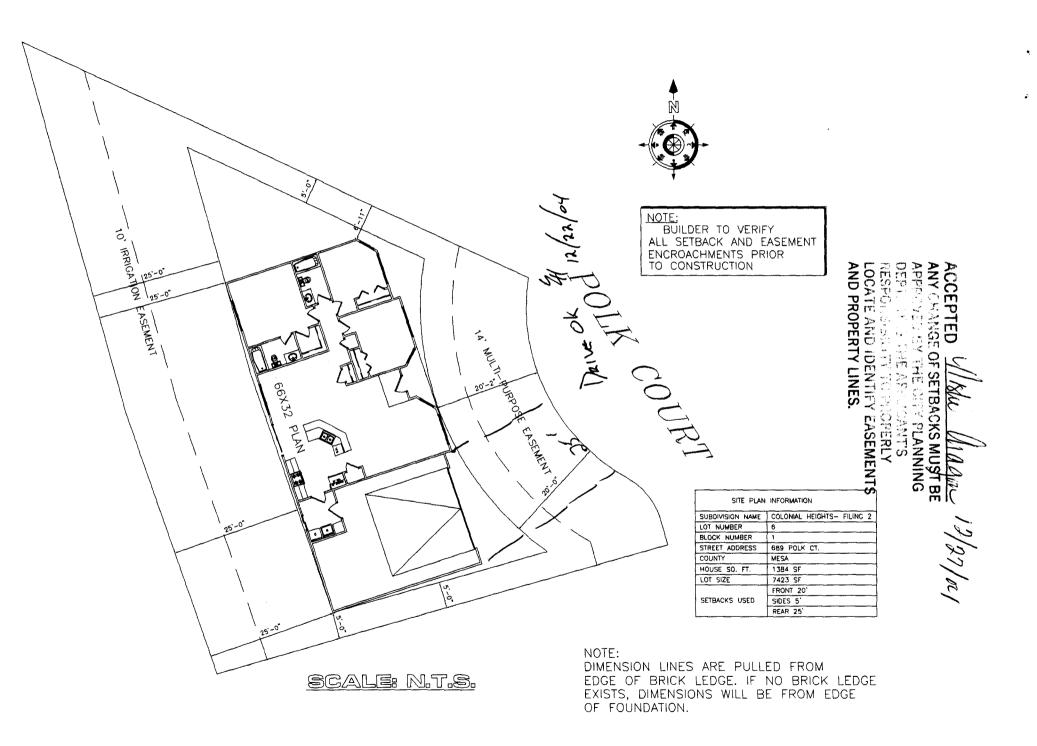
Community Development Department

Building Address <u>689 Polk</u>	No. of Existing Bldgs	No. Proposed
Parcel No. <u>2945 - 032 - 94 - 000</u>	Sq. Ft. of Existing Bldgs	Sq. Ft. Proposed <u>/ 88 /</u> _
Subdivision <u>Colonial Heights</u>	Sq. Ft. of Lot / Parcel	Market Control of the
Filing 2 Block Lot Lot Lot	Sq. Ft. Coverage of Lot by Str (Total Existing & Proposed) _	uctures & Impervious Surface
OWNER INFORMATION:	DESCRIPTION OF WORK &	INTENDED USE:
Name Sonshine II		
Address 2350 G Road	1——I	Addition
City/State/Zip Grand Jct, CD 81509	Other (please specify):	
APPLICANT INFORMATION:	*TYPE OF HOME PROPOSE	D:
Name Sonshine II	Site Built Manufactured Home (HUD	Manufactured Home (UBC)
Address 2350 G Road		
City/State/Zip Grand Jct, CO 81505	NOTES:	
Telephone <u>255-8853</u>		
REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all a property lines, ingress/egress to the property, driveway location		
property lines, ingress/egress to the property, driveway location THIS SECTION TO BE COMPLETED BY COM	on & width & all easements & right	is-of-way which abut the parcel.
property lines, ingress/egress to the property, driveway location	on & width & all easements & right MUNITY DEVELOPMENT DEP	s-of-way which abut the parcel. ARTMENT STAFF
property lines, ingress/egress to the property, driveway location THIS SECTION TO BE COMPLETED BY COM	MUNITY DEVELOPMENT DEP Maximum coverage of lot by s	ARTMENT STAFF tructures
THIS SECTION TO BE COMPLETED BY COM ZONE	MUNITY DEVELOPMENT DEP Maximum coverage of lot by s Permanent Foundation Require	ARTMENT STAFF tructures
THIS SECTION TO BE COMPLETED BY COM ZONE	MUNITY DEVELOPMENT DEP Maximum coverage of lot by s Permanent Foundation Requirement Parking Requirement	ARTMENT STAFF tructures
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THIS SECTION TO BE COMPLETED BY COM ZONE	MUNITY DEVELOPMENT DEP Maximum coverage of lot by s Permanent Foundation Requirement Parking Requirement Special Conditions Approva From Lic Eng	ARTMENT STAFF tructures
THIS SECTION TO BE COMPLETED BY COM ZONE	MUNITY DEVELOPMENT DEP Maximum coverage of lot by s Permanent Foundation Requirement Parking Requirement Special Conditions Approva From Lic Eng. in writing, by the Community December 1997.	ARTMENT STAFF tructures
THIS SECTION TO BE COMPLETED BY COM ZONE	MUNITY DEVELOPMENT DEP Maximum coverage of lot by s Permanent Foundation Requirement Parking Requirement Special Conditions Approva From Lic Eng. in writing, by the Community Duntil a final inspection has been	ARTMENT STAFF tructures
THIS SECTION TO BE COMPLETED BY COM ZONE	MUNITY DEVELOPMENT DEP Maximum coverage of lot by s Permanent Foundation Requirement Parking Requirement Special Conditions Approva From Lic Eng in writing, by the Community Department (Section 305, Uniform the information is correct; Lagree to the project. Lunderstand that failures.	ARTMENT STAFF tructures
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THIS SECTION TO BE COMPLETED BY COM ZONE	Maximum coverage of lot by s Permanent Foundation Requirement Parking Requirement Special Conditions Approva From Lic English in writing, by the Community Dountil a final inspection has been epartment (Section 305, Uniform a information is correct; I agree to be project. I understand that failur on-use of the building(s). Date Date	evelopment Department. The completed and a Certificate of Building Code). cet comply with any and all codes, e to comply shall result in legal

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning & Development Code)

(Pink: Building Department)

(Yellow: Customer)



FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number **BUILDING OWNER'S NAME** SONSHINE II CONSTRUCTION BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number POIK Court STATE ZIP CODE CITY **GRAND JUNCTION** CO 81505 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, 1945-032 94-006 PARCEL# 1 LOT 6, BLK 1, COLONIAL HEIGHTS FILING I BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type) USGS Quad Map (##° - ##' - ##.##" or ##.####") ☑ NAD 1927 ☐ NAD 1983 Other: PLAT SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE** GRAND JUNCTION, COMMUNITY NUMBER 080117 MESA B4. MAP AND PANEL **B7. FIRM PANEL B9. BASE FLOOD ELEVATION(S)** NUMBER **B5. SUFFIX B6. FIRM INDEX DATE** FFFECTIVE/REVISED DATE **B8. FLOOD ZONE(S)** (Zone AO, use depth of flooding) 0801170003 1-06-1002 1983 7-15-1992 4590 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. **⊠** FIRM Community Determined ☐ FIS Profile Other (Describe): ☐ NAVD 1988 ☐ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:

Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3 Flevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/A0 Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum NAVD88 Conversion/Comments NGVD1929 BFE 4590 + 3.0 = 4593.0 BFE NAVD88 THUMHUM WHITH Elevation reference mark used Does the elevation reference mark used appear on the FIRM?

Yes

No a) Top of bottom floor (including basement or enclosure) 4594.85R(m) D b) Top of next higher floor N/A. fL(m) e Number, Embossed Signature, and Date C) Bottom of lowest horizontal structural member (V zones only) _ft.(m) d) Attached garage (top of slab) N/A. fL(m) ☐ e) Lowest elevation of machinery and/or equipment icense Number, servicing the building (Describe in a Comments area) N/A. fL(m) f) Lowest adjacent (finished) grade (LAG) fL(m) MINIMAN LAND g) Highest adjacent (finished) grade (HAG) ft(m) h) No. of permanent openings (flood vents) within 1 ft, above adjacent grade N/A i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME MICHAEL W. DRISSEL LICENSE NUMBER PLS 20677 TITLE PRESIDENT/PLS COMPANY NAME DH SURVEYS INC ADDRESS CITY STATE ZIP CODE 118 OURAY AVENUE **GRAND JUNCTION** CO 81501 DATE SIGNATURE TELEPHONE (970)245-8749

MPORTANT: In these spaces, copy the corresponding informa	tion from Sect	ion A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/u No.) OR P.O. F	ROUTE AND BOX N	IO.	V	Policy Number
ΤΥ	STATE CO		ZIP CODE 81505	Company NAIC Number
AND JUNCTION SECTION D - SURVEYOR, ENGINE		ITECT CERTIFICAT		 D)
ppy both sides of this Elevation Certificate for (1) community official, (2) insu				-
OMMENTS				
	N 1994 (F) / 14 (NY 1	2501 HDCD) COD 30	NE 40 AND 70	Check here if attachme
SECTION E - BUILDING ELEVATION INFORMATION (
Zone AO and Zone A (without BFE), complete Items E1 through E4. If the ction C must be completed.	Elevanou Cermica	RE IS INTERIORU FOI USE AS	Supporting informa	BOTHOLS FORMA OF FORMA-L
culon C must be completed. . Building Diagram Number _(Select the building diagram most similar to the	building for which	n this certificate is being	completed - see na	ides 6 and 7. If no diadram accura
represents the building, provide a sketch or photograph.)				gan a same or in the savigness cooles
The top of the bottom floor (including basement or enclosure) of the building	3 isft(m)ir	n.(cm) 🔲 above or 🗀	below (check one)) the highest adjacent grade. (Use
natural grade, if available).				
. For Building Diagrams 6-8 with openings (see page 7), the next higher floor	or elevated floor	(elevation b) of the build	ing isft.(m)i	n.(cm) above the highest adjacent
grade. Complete items C3.h and C3.i on front of form.		_	_	
i. The top of the platform of machinery and/or equipment servicing the building	g isft.(m)ir	n.(cm) 🔲 above or 🗀	below (check one)	the highest adjacent grade. (Use
natural grade, if available).				
i. For Zone AO only: If no flood depth number is available, is the top of the bo			e community's flood	plain management ordinance?
Yes No Unknown. The local official must certify this inform: SECTION F - PROPERTY OWNER			CERTIENATIO	¥
he property owner or owner's authorized representative who completes Sect				
sued BFE) or Zone AO must sign here. <i>The statements in Sections A, B,</i> C,				AND A THE THOUGH OF COMMISSING
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE				
FROMENTI OWNERS OR OWNERS AUTHORIZED REPRESENTATIVE SONSHINE CONSTRUCTION II	O I WILL			
ADDRESS		ITY	STAT	
2350 G ROAD		RAND JUNCTION	CO	81505
SIGNATURE > / / Meil	יט	ATE 9/14/04	,	PHONE 55-8853
COMMENTS				
				
			·	Check here if attachme
SECTION G - COM	MUNITY INFOR	EMATION (OPTIONA	1)	Creck ficie ii dilaci ii ie
e local official who is authorized by law or ordinance to administer the commu				ne A. R. C. (or E) and G. of this Els
rtificate. Complete the applicable item(s) and sign below.	micy o nocoepicari ii	ianganak oranake	can complete occas	ins A, D, O (OI E), and O Or this Ele
. The information in Section C was taken from other documentation that I	has been signed a	and embossed by a licer	nsed surveyor, engir	neer, or architect who is authorized
or local law to certify elevation information. (Indicate the source and da	-	-		•
2. A community official completed Section E for a building located in Zone			issued BFE) or Zon	e AO.
The following information (Items G4-G9) is provided for community floor	dplain manageme	nt purposes.		
4. PERMIT NUMBER G5. DATE PERMIT ISSUED FLP-2004-214	9/30/04	G6. DATE CE	RTIFICATE OF COM	PLIANCE/OCCUPANCY ISSUED
. This permit has been issued for: New Construction Substantial Im	provement			
Elevation of as-built lowest floor (including basement) of the building is:		<u>4594.85</u> ft. (m)		Datum: NAV 88
. BFE or (in Zone AO) depth of flooding at the building site is:		4593.00 ft. (m)		Datum: NAV 88
OCAL OFFICIAL'S NAME		TITLE		
Rick Dorris			-	ent Engineer
COMMUNITY NAME City of Grand Junction		TELEPHONE	970-256-40	034
SIGNATURE LEGICIANIA		DATE	9-30-04	-
COMMENTS				
			····	
				Check here if attachmen