FEE\$	10.00
TCP\$	None
SIE ¢	290 00

(White: Planning)

(Yellow: Customer)

## **PLANNING CLEARANCE**

**Community Development Department** 

(Single Family Residential and Accessory Structures)

**BLDG PERMIT NO** 

(Goldenrod: Utility Accounting)

BLDG ADDRESS <u>2501 Van Buren</u>	SQ. FT. OF PROPOSED BLDGS/ADDITION 2221
TAX SCHEDULE NO. <u>2945-032-99-020</u>	SQ. FT. OF EXISTING BLDGS
SUBDIVISION <u>Colonial Heights</u>	TOTAL SQ. FT. OF EXISTING & PROPOSED 22
OWNER SONShine II	NO. OF DWELLING UNITS:  Before: After: / this Construction  NO. OF BUILDINGS ON PARCEL  Before: After: / this Construction
(1) ADDRESS <u>2350 G Road</u>	USE OF EXISTING BUILDINGS
(1) TELEPHONE <u>255 - 8853</u>	DESCRIPTION OF WORK & INTENDED USE Single Family
(2) APPLICANT <u>Sonshine</u> II (2) ADDRESS <u>3350 G Road</u> (2) TELEPHONE <u>355-8853</u>	TYPE OF HOME PROPOSED:  Site Built Manufactured Home (UBC)  Manufactured Home (HUD)  Other (please specify)
REQUIRED: One plot plan, on 8 ½" x 11" paper, showing property lines, ingress/egress to the property, driveway lo	all existing & proposed structure location(s), parking, setbacks to all cation & width & all easements & rights-of-way which abut the parcel.
THIS SECTION TO BE COMPLETED BY CONTROL SETBACKS: Front 20' from property line (PL) or from center of ROW, whichever is greater  Side 5' from PL, Rear 25' from PMaximum Height 35'	Parking Req'mt 2  L Special Conditions (100000) Letter (100000) from
	ved, in writing, by the Community Development Department. The ed until a final inspection has been completed and a Certificate of g Department (Section 305, Uniform Building Code).
	the information is correct; I agree to comply with any and all codes, to the project. I understand that failure to comply shall result in legal to non-use of the building(s).
Applicant Signature	Date 8-25-01
Department Approval NA	Date
Additional water and/or sewer tap fee(s) are required:	YES NO W/O No. 17823
Utility Accounting	Date 12/38/04
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE	(Section 9-3-2C Grand Junction Zoning & Development Code)

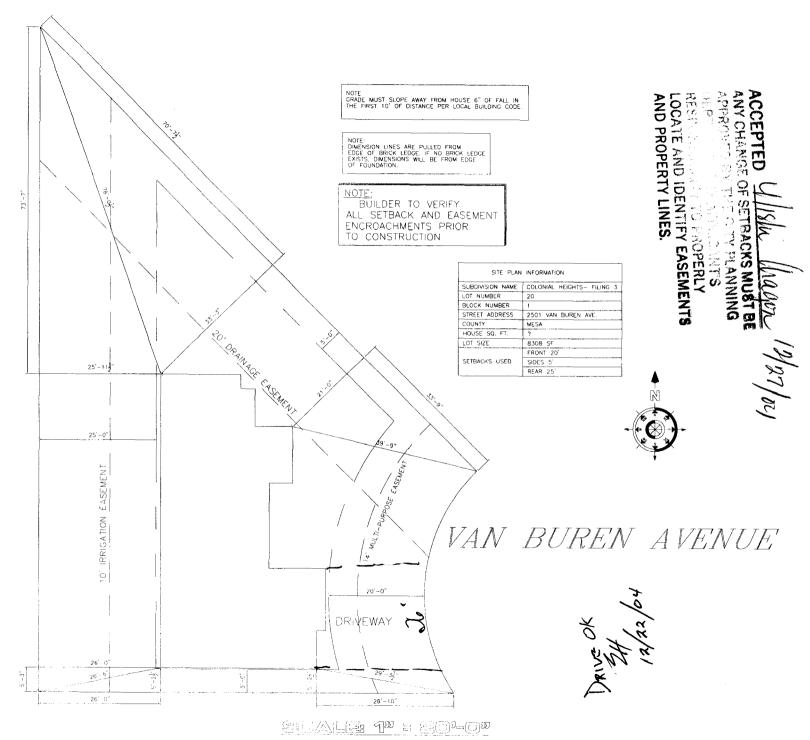
(Pink: Building Department)

L DETAILS

CEPTANCE OF THESE TERMS.

NOTED

TE DRAWINGS BY OTHERS



## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

**ELEVATION CERTIFICATE** 

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: **BUILDING OWNER'S NAME** Policy Number SONSHINE II CONSTRUCTION BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number Kuren CITY STATE ZIP CODE 81505 **GRAND JUNCTION** PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc. LOT 20 BLK 1, COLONIAL HEIGHTS FILING III, BK 3573, PG'S 304-307 PARCEL # 294 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL SOURCE: GPS (Type): LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: (##°-##'-##.##" or ##.####") ☑ NAD 1927 □ NAD 1983 USGS Quad Map 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 CO **B4. MAP AND PANEL** B7. FIRM PANEL **B9. BASE FLOOD ELEVATION(S)** NUMBER **B5. SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE **B8. FLOOD ZONE(S)** (Zone AO, use depth of flooding) 1-06-1002 1953 0801170003 7-15-1992 4590 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. ☐ FIS Profile **⊠** FIRM ☐ Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No Designation Date 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. Elevations -- 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/AO 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 THINING PACE OF THE STATE OF TH Elevation reference mark used Does the elevation reference mark used appear on the FIRM? Yes X No 4594.65ft.(m) a) Top of bottom floor (including basement or enclosure) <u>N/A</u>. \_\_fL(m) b) Top of next higher floor C) Bottom of lowest horizontal structural member (V zones only) N/A. fL(m) d) Attached garage (top of slab) N/A. \_\_fL(m) ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A. fL(m) ☐ f) Lowest adjacent (finished) grade (LAG) \_\_. \_\_ft\_(m) 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 SIGNATURE TELEPHONE

(970)245-8749

IMPORTANT: In these spaces,	copy the corresponding informa	ation from Section	on A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including	Apt., Unit, Suite, and/	ROUTE AND BOX N	0.	<b>U</b>	Policy Number
2501 Van 3	Buren	STATE		ZIP CODE	Company NAIC Number
RAND JUNCTION		CO		1505	1
	ECTION D - SURVEYOR, ENGIN				1
	ficate for (1) community official, (2) insu	urance agent/comp	any, and (3) building owne	<b>r</b> .	
COMMENTS					
					<u> </u>
					Check here if attachm
	IG ELEVATION INFORMATION (				
•	, complete Items E1 through E4. If the	: Elevation Certificat	te is intended for use as su	ipporting informatio	n tor a LOMA or LOMR-F,
ction C must be completed.  Ruilding Disgram Number (Select	the building diagram most similar to the	e building for which	this certificate is being cor	moleted – see page	s 6 and 7. If no diagram accur
represents the building, provide a si		o buncing to the or		.,,	<b> </b>
	g basement or enclosure) of the buildin	gisft(m)in	.(cm) 🔲 above or 🔲 b	elow (check one) th	e highest adjacent grade. (Use
natural grade, if available).					
	nings (see page 7), the next higher floo	r or elevated floor (	elevation b) of the building	isft.(m)in.(	cm) above the highest adjacent
grade. Complete items C3.h and C I. The top of the platform of machinery	is.i on front of form. / and/or equipment servicing the buildin	ngis ft/m\ in	.(cm) □ above or □ h	elow (check one) th	e highest adiacent made. (1 kg
natural grade, if available).	and opposition contains no builds	.a~		(	g. and any and a great (OCC
i. For Zone AO only: If no flood depth	number is available, is the top of the b		l in accordance with the co	ommunity's floodpla	in management ordinance?
	The local official must certify this inform				
	ECTION F - PROPERTY OWNER				
	zed representative who completes Sec				ut a FEMA-issued or communi
	re. The statements in Sections A, B, C 'S AUTHORIZED REPRESENTATIVE		to the desi of my knowed	ge.	
SONSHINE CONSTRUCTION II	S AUTHURIZED REPRESENTATIVE	I S INVINE			
ADDRESS		Cr		STATE	ZIP CODE
2350 G ROAD BIGNATURE	0 . 4 . 4		RAND JUNCTION	CO TELEPH	81505
MOINTOILE D	Myca	Ur-	9/14/04	970-255	
COMMENTS	7		1 /		
					☐ Check here if attachme
	SECTION G - COM	MUNITY INFOR	MATION (OPTIONAL)	······································	Creatificity if diddensity
e local official who is authorized by law	v or ordinance to administer the commi				A. B. C.(or F), and G of this Fix
rtificate. Complete the applicable item					., -, - (0),
	s taken from other documentation that				er, or architect who is authorized
	nformation. (Indicate the source and da				40
	Section E for a building located in Zone G4-G9) is provided for community floo			ueu brz) or zone /	<b>10</b> .
64. PERMIT NUMBER	G5. DATE PERMIT ISSUED			FICATE OF COMPLI	ANCE/OCCUPANCY ISSUED
FLP-2004-214	OU. DATE LIMIT BOULD	9/30/04	GU. DATE CERTI	· IOATE OF GUMPU	MACFOCOLWIC 1990ED
	New Construction   Substantial In	nprovement			
6. Elevation of as-built lowest floor (incli	• •		4594.65 ft. (m)		Datum: NAV 88
. BFE or (in Zone AO) depth of floodin	g at the building site is:		4593.00 ft. (m)		Datum: NAV 88
OCAL OFFICIAL'S NAME	ck Dorris		TITLE	Developm	ent Engineer
	ity of Grand Junction —		TELEPHONE	970-256-4	•
	<u> </u>			9-30-04	•
IGNATURE KILL	Low		DATE		
OMMENTS					
		<u></u>			
					☐ Check here if attachme

AILS

ANCE OF THESE TERMS.

RAWINGS BY OTHERS

