

FEE \$	10.00
TCP \$	None
SIF \$	292.00

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. _____



Your Bridge to a Better Community

BLDG ADDRESS 2509 Van Buren SQ. FT. OF PROPOSED BLDGS/ADDITION 2217
TAX SCHEDULE NO. 2945-032-99-016 SQ. FT. OF EXISTING BLDGS _____
SUBDIVISION Colonial Heights TOTAL SQ. FT. OF EXISTING & PROPOSED 2217
FILING 3 BLK 1 LOT 16 NO. OF DWELLING UNITS:
Before: _____ After: 1 this Construction
(1) OWNER Sonshine II NO. OF BUILDINGS ON PARCEL
Before: _____ After: 1 this Construction
(1) ADDRESS 2350 G Road USE OF EXISTING BUILDINGS _____
(1) TELEPHONE 255-8853 DESCRIPTION OF WORK & INTENDED USE Single Family
(2) APPLICANT Sonshine II TYPE OF HOME PROPOSED:
(2) ADDRESS 2350 G Road Site Built _____ Manufactured Home (UBC)
(2) TELEPHONE 255-8853 _____ 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 RMF-5 Maximum coverage of lot by structures 60%
SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES X NO _____
or _____ from center of ROW, whichever is greater
Side 5' from PL, Rear 25' from PL Parking Req'mt 2
Maximum Height 35' Special Conditions Approval Ltr required from Lic Eng.
6 CENSUS _____ TRAFFIC _____ ANNEX# _____

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).

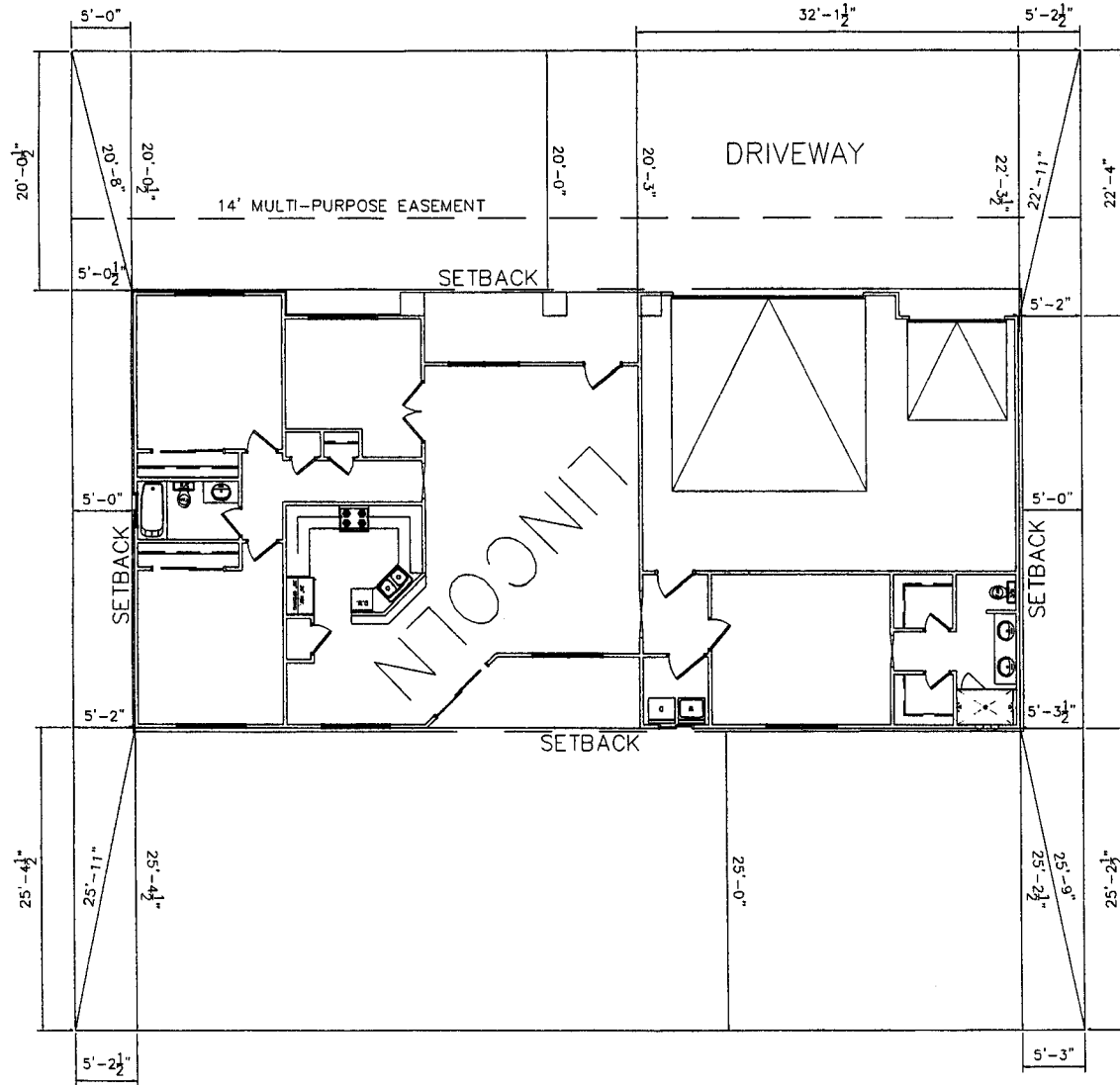
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily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

Applicant Signature [Signature] Date 8-25-04
Department Approval NA Date _____

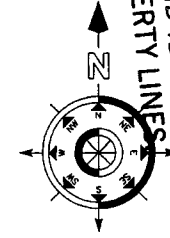
Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO	W/O No. <u>17822</u>
Utility Accounting <u>[Signature]</u>		Date <u>12/28/04</u>	

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

VAN BUREN AVENUE



DRIVE OK
12/22/04



ACCEPTED
ANY CHANGES TO SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPARTMENT. THE CITY PLANNING DEPARTMENT'S RESPONSIBILITY IS TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.

12/22/04

NOTE: GRADE MUST SLOPE AWAY FROM HOUSE 6" OF FALL IN THE FIRST 10' OF DISTANCE PER LOCAL BUILDING CODE.

NOTE: DIMENSION LINES ARE PULLED FROM EDGE OF BRICK LEDGE. IF NO BRICK LEDGE EXISTS, DIMENSIONS WILL BE FROM EDGE OF FOUNDATION.

NOTE: BUILDER TO VERIFY ALL SETBACK AND EASEMENT ENCROACHMENTS PRIOR TO CONSTRUCTION

SITE PLAN INFORMATION	
SUBDIVISION NAME	COLONIAL HEIGHTS- FILING 3
LOT NUMBER	16
BLOCK NUMBER	1
STREET ADDRESS	2509 VAN BUREN AVENUE
COUNTY	MESA
HOUSE SQ. FT.	1800 SF
LOT SIZE	7054 SF
SETBACKS USED	FRONT 20'
	SIDES 5'
	REAR 25'

SCALE: 1/16" = 1'-0"

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.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME SONSHINE II CONSTRUCTION		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2509 Van Buren		Company NAIC Number
CITY GRAND JUNCTION	STATE CO	ZIP CODE 81505
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 16, BLK L, COLONIAL HEIGHTS FILING III, BK 3573, PG'S 304-307 PARCEL # 2945-032-99-016		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other: PLAT

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER GRAND JUNCTION, COMMUNITY NUMBER 080117		B2. COUNTY NAME MESA	B3. STATE CO
B4. MAP AND PANEL NUMBER 0801170003	B5. SUFFIX E	B6. FIRM INDEX DATE 1-06-1983	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-15-1992
B8. FLOOD ZONE(S) AO		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 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: 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 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**

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) **4594.50 ft.(m)**

b) Top of next higher floor **N/A** ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) **N/A** ft.(m)

d) Attached garage (top of slab) **N/A** ft.(m)

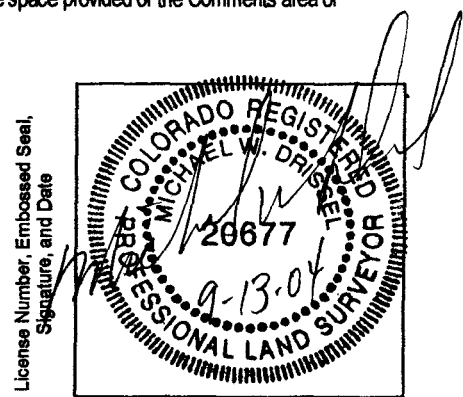
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **N/A** ft.(m)

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 118 OURAY AVENUE	CITY GRAND JUNCTION
SIGNATURE <i>Michael W. Drissel</i>	STATE CO
	ZIP CODE 81501
	DATE 9-13-04
	TELEPHONE (970)245-8749

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or No.) OR P.O. ROUTE AND BOX NO. 2509 Van Buren			Policy Number
CITY GRAND JUNCTION	STATE CO	ZIP CODE 81505	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
 Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

SONSHINE CONSTRUCTION II

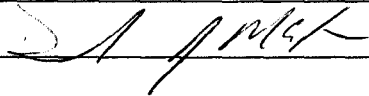
ADDRESS
2350 G ROAD

CITY
GRAND JUNCTION

STATE
CO

ZIP CODE
81505

SIGNATURE



DATE

9/14/04

TELEPHONE
970-255-8853

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER FLP-2004-214	G5. DATE PERMIT ISSUED 9/30/04	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

4594.50 ft. (m)

Datum: NAV 88

G9. BFE or (in Zone AO) depth of flooding at the building site is:

4593.00 ft. (m)

Datum: NAV 88

LOCAL OFFICIAL'S NAME

Rick Dorris

TITLE

Development Engineer

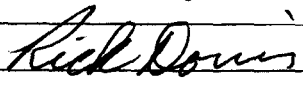
COMMUNITY NAME

City of Grand Junction

TELEPHONE

970-256-4034

SIGNATURE



DATE

9-30-04

COMMENTS

Check here if attachments