€.		*		
FE	E\$	10.00		
·TC	P\$	None		
SIF	 - \$	292.00		

(White: Planning)

(Yellow: Customer)

## PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

<b>BLDG PERMI</b>	IT NO.	

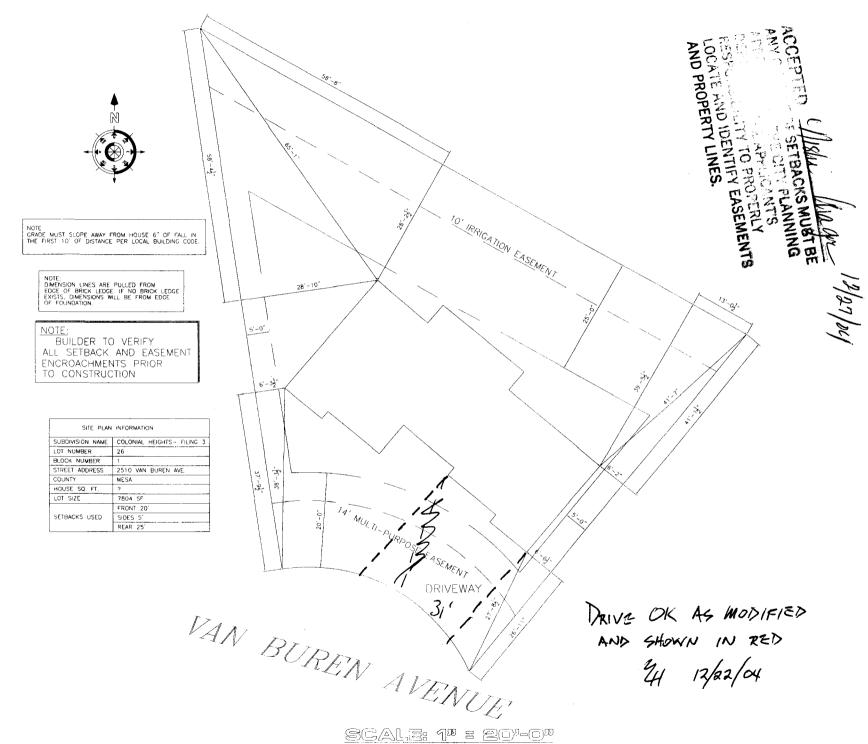


Your Bridge to a Better Community

(Goldenrod: Utility Accounting)

	•
BLDG ADDRESS <u>2510 Van Buren</u>	SQ. FT. OF PROPOSED BLDGS/ADDITION 3
TAX SCHEDULE NO. <u>2945-032-99-026</u>	SQ. FT. OF EXISTING BLDGS
SUBDIVISION <u>Colonial Heights</u>	TOTAL SQ. FT. OF EXISTING & PROPOSED 206
FILING 3 BLK 1 LOT 34  (1) OWNER Sonshine II  (1) ADDRESS 2350 G Road	NO. OF DWELLING UNITS:  Before: After: this Construction  NO. OF BUILDINGS ON PARCEL  Before: After: this Construction  USE OF EXISTING BUILDINGS
(1) TELEPHONE <u>355-8853</u> (2) APPLICANT <u>Sonshine</u> II	DESCRIPTION OF WORK & INTENDED USE <u>Single Family</u>
(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)
	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 CO  ZONE from property line (PL)  SETBACKS: Front from property line (PL)  or from center of ROW, whichever is greater  Side from PL, Rear from Pl  Maximum Height 35'	Maximum coverage of lot by structures
	red, in writing, by the Community Development Department. The ed until a final inspection has been completed and a Certificate of Department (Section 305, Uniform Building Code).
	the information is correct; I agree to comply with any and all codes, the project. I understand that failure to comply shall result in legal o non-use of the building(s).
Applicant Signature	Date 8-05-04
Department Approval NA	Date
Additional water and/or sewer ap fee(s) are required:	YES NO W/O No. 1703
Utility Accounting	Date 12/28/04
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (	Section 9-3-2C Grand Junction Zoning & Development Code)

(Pink: Building Department)



## 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: 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 Van Buren ZIP CODE CITY STATE **GRAND JUNCTION** CO 81505 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, LOT 26, BLK 1. COLONIAL HEIGHTS FILING III, BK 3573, PG'S 304-307 PARCEL # 2945 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** EFFECTIVE/REVISED DATE **B8. FLOOD ZONE(S)** (Zone AO, use depth of flooding) 1-06-1982 0801170003 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 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\* \*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) 4595.26t.(m) b) Top of next higher floor N/A. fL(m) C) Bottom of lowest horizontal structural member (V zones only) ft.(m) (top of slab) N/A. fL(m) and/or equipment servicing the building (Describe in a Comments area) N/A. ft.(m) ☐ f) Lowest adjacent (finished) grade (LAG) ft(m) MINIMUM 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 NA.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 DATE TELEPHONE (970)245-8749

	aces, copy t	ne corresponding inform	IMPORTION SECT	ION A.		For Insurance Company Use:
	ncluding Apt., Unit	, Suite, and/d No.) OR P.C	I. ROUTE AND BOX	NO.	V	Policy Number
TY RAND JUNCTION	ar pu		STATE CO		ZIP CODE 81505	Company NAIC Number
AND JONG HOM	SECTION	ND-SURVEYOR, ENGIN				ED)
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represents the building, prov			inaic 19/m) i	in (cm) [] about or [] i	rakası (chack one	e) the highest adjacent grade. (Use
<ol><li>The top of the bottom floor (if natural grade, if available).</li></ol>	Including baserii	ent of encosure) of the bumul	u8.p	it(dii) 🗀 above di 📋 i	ACION (CIRCUN OIR	e) une nigricos adjacent grade. (OSE
3. For Building Diagrams 6-8 w			or or elevated floor	(elevation b) of the building	g isft(m)	in.(cm) above the highest adjacent
grade. Complete items C3.I			Since in 48/m/\:	in (cm) [] above as [] !	rolow/obook	a) the highest adjacent made // he
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	d depth number	is available, is the top of the	bottom floor elevate	ed in accordance with the o	community's floor	lplain management ordinance?
Yes No Unk		d official must certify this infon				
*		F - PROPERTY OWNER				
ne property owner or owners ssued BFE) or Zone AO must	•	•	•	• • • • • • • • • • • • • • • • • • • •	•	ithout a FEMA-issued or community
PROPERTY OWNER'S OR O					-3	
SONSHINE CONSTRUCTION	111			iTV	OTA	710 0005
ADDRESS 2350 G ROAD			_	RAND JUNCTION	STA CO	TE ZIP CODE 81505
SIGNATURE	1d	1:11		ATE QUILLE		PHONE
COMMENTS	- <del>    ' '  </del>	/ -/-		111404	9/0-	255-8853
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		SECTION G. COL	MI INITY INFO	RMATION (OPTIONAL	1	☐ Check here if attachine
ne local official who is authorize	d by law or ordin			<del></del>		ons A, B, C (or E), and G of this Ele
	able item(s) and	sign below.		-	·	
	C., A-l, /	from other documentation tha	it has been signed :	and embresed by a licens		ineer, or architect who is authorized
1. The information in Section					an balaus \	
<ol> <li>The information in Section or local law to certify elements.</li> </ol>	wation informatio	on. (Indicate the source and o	date of the elevation	n data in the Comments ar		ne AO.
The information in Section or local law to certify ele  Community official community official community.	vation information pleted Section I	on. (Indicate the source and o	date of the elevation ne A (without a FEM	n data in the Comments ar (A-issued or community-is		ne AO.
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