

FEE \$	10.00
TCP \$	1500.00
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 445 Athens Way SQ. FT. OF PROPOSED BLDGS/ADDITION 2092
 TAX SCHEDULE NO. 2945-183-11-009 SQ. FT. OF EXISTING BLDGS NA
 SUBDIVISION Renaissance TOTAL SQ. FT. OF EXISTING & PROPOSED 2092
 FILING 2 BLK 3 LOT 9 NO. OF DWELLING UNITS:
 Before: 0 After: 1 this Construction
 (1) OWNER Infinity Builders NO. OF BUILDINGS ON PARCEL
 Before: 0 After: 1 this Construction
 (1) ADDRESS 202 North Ave #164 USE OF EXISTING BUILDINGS NO
 (1) TELEPHONE 248-9708 DESCRIPTION OF WORK & INTENDED USE SFR
 (2) APPLICANT Owner TYPE OF HOME PROPOSED:
 (2) ADDRESS _____ Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 (2) TELEPHONE _____ _____ 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 RSF-4 Maximum coverage of lot by structures 50%
 SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES NO _____
 or _____ from center of ROW, whichever is greater
 Side 7' from PL, Rear 25' from PL Parking Req'mt 2
 Maximum Height 35' Special Conditions Engineered Foundation
A CENSUS _____ TRAFFIC _____ ANNEX# _____

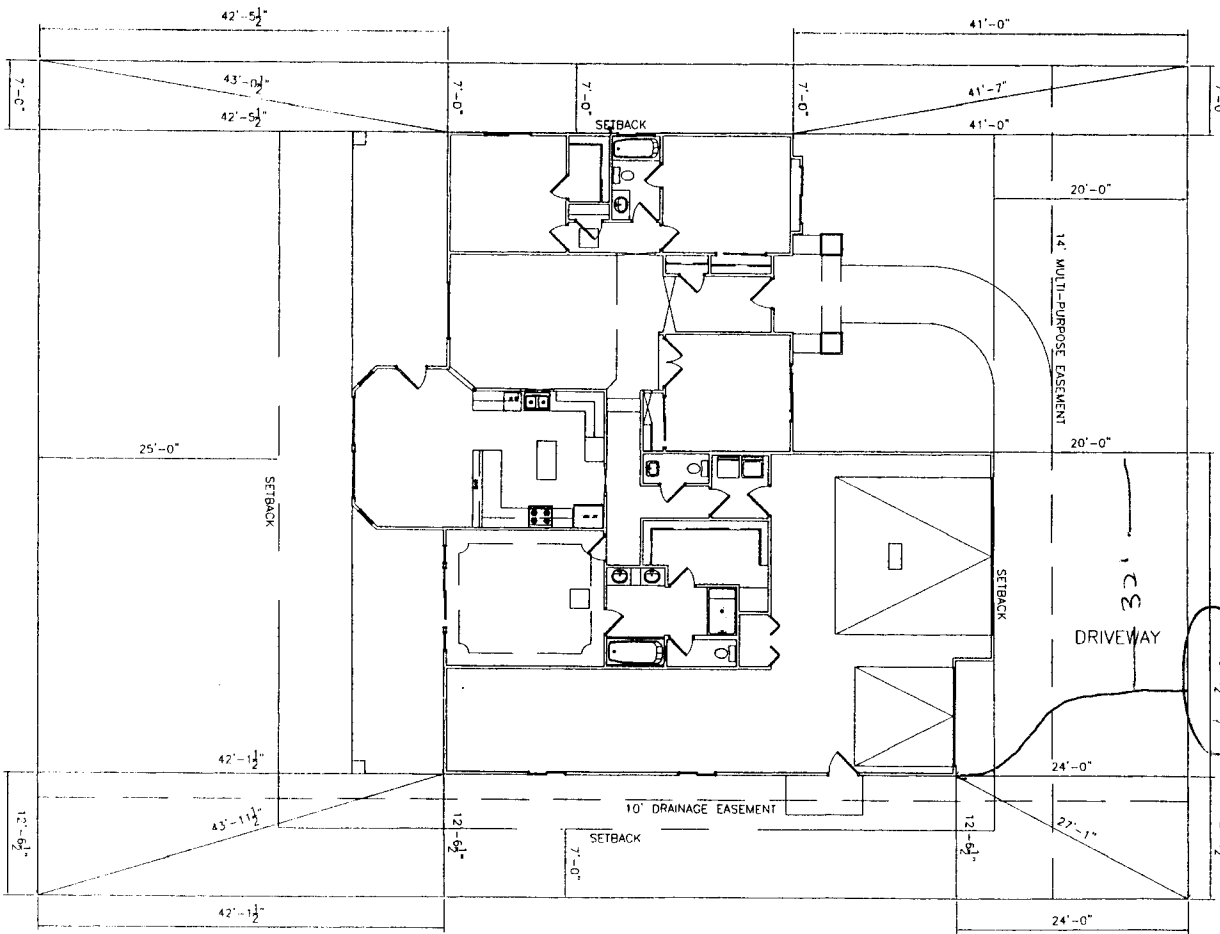
Modifications to this Planning Clearance must be approved, in writing, by the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building Department (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).

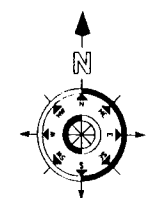
Applicant Signature Melanie D. Hosh Date 4-7-05
 Department Approval H.C. Jay Havel Date 5/13/05

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. <u>18092</u>
Utility Accounting <u>0</u>		Date <u>5/13/05</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)



drive
OK
W
5/12/05



ACCEPTED
BY
C. J. [Signature]
ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.

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	RENAISSANCE
FILING NUMBER	2
BLOCK NUMBER	3
LOT NUMBER	9
STREET ADDRESS	445 ATHENS WAY
COUNTY	MESA
GARAGE SQ. FT.	1128 5F
LIVING SQ. FT.	2082 5F
LOT SIZE	10,285 5F
SETBACKS USED	FRONT 20' SIDES 7' REAR 25'

SCALE: 1" = 20'-0"

32' max