

FEE \$	10.00
TCP \$	0
SIF \$	292.00



BLDG PERMIT NO. _____

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG ADDRESS 2374 CLAYSTONE CT. TAX SCHEDULE NO. 2945-204-01-029
 SUBDIVISION REDLANDS MESA SQ. FT. OF PROPOSED BLDG(S)/ADDITION 4305
 FILING 1 BLK 1 LOT 29 SQ. FT. OF EXISTING BLDG(S) _____
 (1) OWNER KENT C. EVANS NO. OF DWELLING UNITS
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 670 MIRANDA ST.
 NO. OF BLDGS ON PARCEL
 BEFORE: 0 AFTER: 1 THIS CONSTRUCTION
 (2) APPLICANT KEYSTONE CUSTOM BLDGS USE OF EXISTING BLDGS N/A
 (2) ADDRESS PO. Box 1807 GJ, CO DESCRIPTION OF WORK AND INTENDED USE: NEW
 (2) TELEPHONE 243-9428 SINGLE FAMILY RESIDENCE

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 PD Maximum coverage of lot by structures 35%
 SETBACKS: Front 20' from property line (PL) Parking Req'mt 2
 or _____ from center of ROW, whichever is greater
 Side 7' from PL Rear 25' from PL Special Conditions _____
 Maximum Height 32'
Driveway Loc Approval UCA CENSUS A TRAFFIC _____ ANNEX# _____

Modifications to this Planning Clearance must be approved, in writing, by the Director of 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 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 2/22/05

Department Approval [Signature] Date 3/7/05

Additional water and/or sewer tap fee(s) are required: YES X NO _____ W/O No. 17951

Utility Accounting [Signature] Date 3/7/05

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

