

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

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG PERMIT NO. _____

Building Address 658 Eastcliff Dr
 Parcel No. 2945-012-04-001
 Subdivision O-Nan Subdivision
 Filing _____ Block 4 Lot 1

No. of Existing Bldgs _____ No. Proposed _____
 Sq. Ft. of Existing Bldgs 1344 Sq. Ft. Proposed 350
 Sq. Ft. of Lot / Parcel 15,028
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) _____
 Height of Proposed Structure _____

OWNER INFORMATION:

Name Mathew & Melissa Mock
 Address 658 E. Cliff Dr.
 City / State / Zip BJ CO 81506

DESCRIPTION OF WORK & INTENDED USE:

- New Single Family Home (*check type below)
- Interior Remodel
- Addition
- Other (please specify): Enclose Carport 14' X 25'

APPLICANT INFORMATION:

Name SAME
 Address _____
 City / State / Zip _____
 Telephone (970) 257-1705

***TYPE OF HOME PROPOSED:**

- Site Built
- Manufactured Home (UBC)
- Manufactured Home (HUD)
- Other (please specify): _____

NOTES: _____

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 <u>RSF-4</u>	Maximum coverage of lot by structures <u>50%</u>
SETBACKS: Front <u>20'</u> from property line (PL)	Permanent Foundation Required: YES <input checked="" type="checkbox"/> NO _____
Side <u>7'</u> from PL Rear <u>25'</u> from PL	Parking Requirement <u>2</u>
Maximum Height of Structure(s) <u>35'</u>	Special Conditions _____
Voting District _____	Driveway Location Approval _____ (Engineer's Initials)

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 Mathew Mock Date 8/3/05

Department Approval Gayleen Henderson Date 8-3-05

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. _____
Utility Accounting <u>[Signature]</u>	Date <u>8/3/05</u>		

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning & Development Code)
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

City of Grand Junction GIS Zoning Map ©



ACCEPTED
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
8-3-05
Daylean Anderson