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PLANNING CLEARANCE
 (Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. _____

Building Address 1726 ESCALANTE No. of Existing Bldgs 1 No. Proposed _____
 Parcel No. 2945-233-05-003 Sq. Ft. of Existing Bldgs _____ Sq. Ft. Proposed _____
 Subdivision Orchard Moss Heights Sq. Ft. of Lot / Parcel _____
 Filing _____ Block _____ Lot 23+24 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) _____
 Height of Proposed Structure _____

OWNER INFORMATION:

Name Applicant Sit Down Hardcastle
 Address _____
 City / State / Zip _____

DESCRIPTION OF WORK & INTENDED USE:

New Single Family Home (*check type below)
 Interior Remodel Addition
 Other (please specify): Demo

APPLICANT INFORMATION:

Name Sidney D. Smith
 Address 193 INDIANA ST
 City / State / Zip G.J. 81523
 Telephone 970-216-7260

***TYPE OF HOME PROPOSED:**

Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 Other (please specify): N/A

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 RMF8 Maximum coverage of lot by structures _____
 SETBACKS: Front _____ from property line (PL) Permanent Foundation Required: YES _____ NO _____
 Side _____ from PL Rear _____ from PL Parking Requirement _____
 Maximum Height of Structure(s) _____ Special Conditions _____
 Voting District _____ Driveway Location Approval _____
 (Engineer's Initials) Demo existing house

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 9-2-05
 Department Approval Bobbie Paulson Date 9-2-05

Additional water and/or sewer tap fee(s) are required: YES NO W/O No. _____
 Utility Accounting [Signature] Date 9.2.05

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)