

FEE \$ <u>10.00</u>
TCP \$ _____
SIF \$ _____

# PLANNING CLEARANCE

BLDG PERMIT NO. \_\_\_\_\_

(Single Family Residential and Accessory Structures)

**Community Development Department**

97262-6533

ⓐ

Building Address 564 Normandy Dr.  
 Parcel No. 2943-071-08-005  
 Subdivision Rothhaupt  
 Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

No. of Existing Bldgs 2 No. Proposed 3  
 Sq. Ft. of Existing Bldgs 2482 Sq. Ft. Proposed 162  
 Sq. Ft. of Lot / Parcel \_\_\_\_\_  
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) \_\_\_\_\_  
 Height of Proposed Structure \_\_\_\_\_

**OWNER INFORMATION:**

Name Barbara Williamson  
 Address 564 Normandy Dr.  
 City / State / Zip Grand Jct, Co 81501

DESCRIPTION OF WORK & INTENDED USE:  
 New Single Family Home (\*check type below)  
 Interior Remodel  Addition  
 Other (please specify): Add 9x18 Storage Shed

**APPLICANT INFORMATION:**

Name Same  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Telephone 970-245-7923

\*TYPE OF HOME PROPOSED:  
 Site Built  Manufactured Home (UBC)  
 Manufactured Home (HUD)  
 Other (please specify): \_\_\_\_\_

NOTES: Personal use

**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>RMF-5</u>	Maximum coverage of lot by structures <u>60%</u>
SETBACKS: Front <u>25'</u> from property line (PL)	Permanent Foundation Required: YES _____ NO <input checked="" type="checkbox"/>
Side <u>3'</u> from PL Rear <u>5'</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 Barbara Williamson Date 8/1/05  
 Department Approval Gayleen Henderson Date 8-16-05

Additional water and/or sewer tap fee(s) are required: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	W/O No. <u>No Chg in Use</u>
Utility Accounting <u>CM Cole</u>	Date <u>8/18/05</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 ©



8-18-05 *Gaylen Henderson*  
**ACCEPTED**  
ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANTS RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.

