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

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

Building Address 2710 Skyline Dr No. of Existing Bldgs 2 No. Proposed 2  
 Parcel No. 2701-362-20-005 Sq. Ft. of Existing Bldgs 3200 Sq. Ft. Proposed 624  
 Subdivision Skyline Sq. Ft. of Lot / Parcel 60,000 ±  
 Filing 1 Block 1 Lot 5 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) \_\_\_\_\_  
 Height of Proposed Structure 12'

**OWNER INFORMATION:**

Name Tom Burke  
 Address 2710 Skyline DR.  
 City / State / Zip Co. J.

DESCRIPTION OF WORK & INTENDED USE:  
 New Single Family Home (\*check type below)  
 Interior Remodel  Addition GARAGE  
 Other (please specify): \_\_\_\_\_

**APPLICANT INFORMATION:**

Name Tom Burke  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Telephone 986-0411

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

NOTES: Personal use only  
No facilities

**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.**

<b>THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF</b>	
ZONE <u><del>2701-362-20-005</del> RSF-2</u>	Maximum coverage of lot by structures _____
SETBACKS: Front <u>20/25</u> from property line (PL)	Permanent Foundation Required: YES _____ NO _____
Side <u>15/3</u> from PL Rear _____ from PL	Parking Requirement _____
Maximum Height of Structure(s) <u>30/5</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 [Signature] Date 7.29.05

Department Approval \_\_\_\_\_ Date \_\_\_\_\_

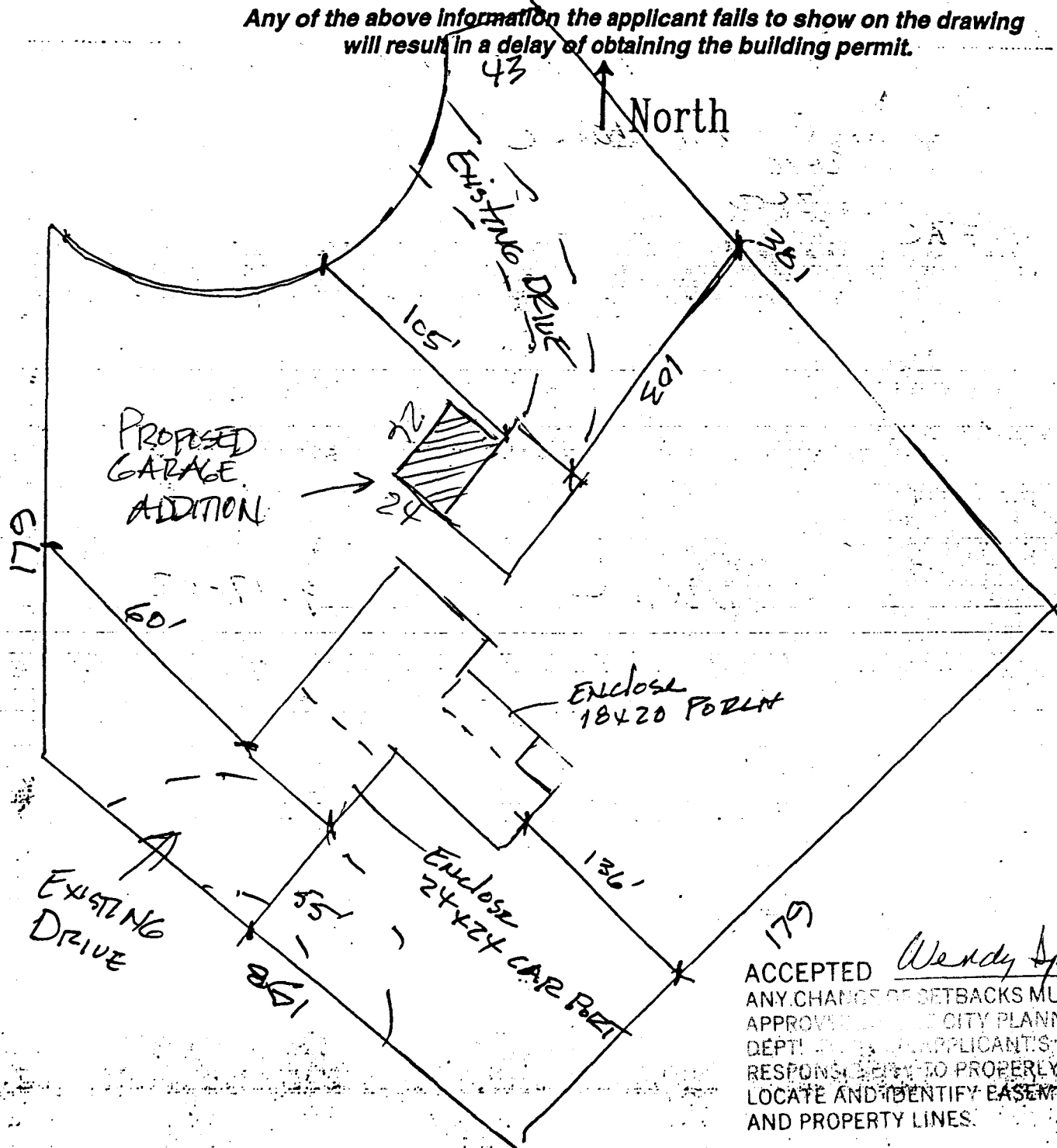
Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>NO CHG IN USE</u>
Utility Accounting	<u>Marshall-Cell</u>		Date <u>7/29/05</u>

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)

**In the Space Below Please Neatly Draw a Site Plan Showing the Following:**  
**NO ATTACHMENTS WILL BE ACCEPTED.**

1. An outline of the property lines with dimensions. .... [ ]
2. An outline of the proposed structure with dotted lines and dimensions of the proposed structure. .... [ ]
3. The distance from the proposed structure to the front, rear and side property lines (setbacks)..... [ ]
4. All easements and rights-of-way on the property..... [ ]
5. All existing structures on the property..... [ ]
6. All streets adjacent to the property and street names..... [ ]
7. All existing and proposed driveways..... [ ]
8. Location of existing and/or proposed parking and number of spaces..... [ ]

**Any of the above information the applicant fails to show on the drawing will result in a delay of obtaining the building permit.**



ACCEPTED Wendy Spurr  
 ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPT. THE APPLICANT IS RESPONSIBLE TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.