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FEE\$	10.00
TCP\$	8
	122 80

PLANNING CLEARANCE

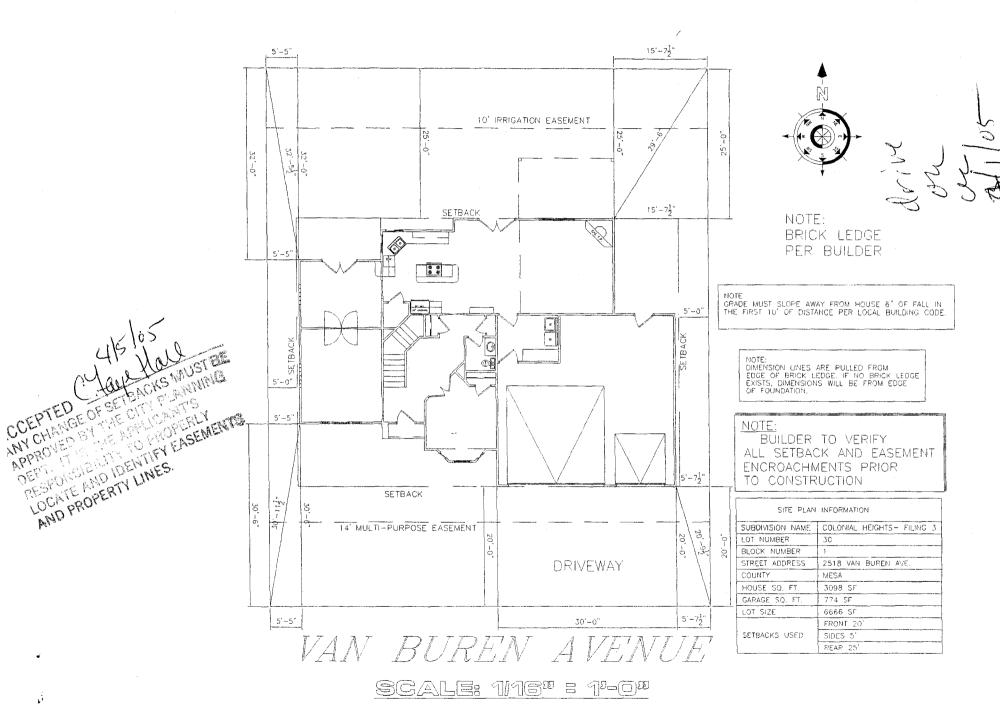
0

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures)

Community Development Department

Building Address 2578 Par Buren	No. of Existing Bldgs	No. Proposed/
Parcel No. <u>2945-032-99-030</u>	Sq. Ft. of Existing Bldgs	Sq. Ft. Proposed 387(./
Subdivision COCONIAC HEIGHTS	Sq. Ft. of Lot / Parcel <u><i>多</i> </u> 8666	0
Filling 3 Block 2 Lot 30	Sq. Ft. Coverage of Lot by Structures	s & Impervious Surface
OWNER INFORMATION:	(Total Existing & Proposed) Height of Proposed Structure	
Name SONSHIME II CONSTRUCTION Address 3350 G ROAD	DESCRIPTION OF WORK & INT	eck type below)
City / State / Zip GT CU 8/505	Interior Remodel Other (please specify):	Addition
APPLICANT INFORMATION: Name Sonshine J Construction	*TYPE OF HOME PROPOSED: X Site Built Manufactured Home (HUD) Other (please specify):	Manufactured Home (UBC)
Address 0350 G ROAD	Other (please specify)	
City / State / Zip 6 J 60 8/505	NOTES: FLOODPLAIN	ELEV CERT
Telephone (970/055-8853	REUD PRIOR -	TO CO
REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all ex	cisting & proposed structure location	(s), parking, setbacks to all
property lines, ingress/egress to the property, driveway locatio	n & width & all easements & rights-of	f-way which abut the parcel.
property lines, ingress/egress to the property, driveway locatio THIS SECTION TO BE COMPLETED BY COMM		
property lines, ingress/egress to the property, driveway locatio		MENT STAFF
THIS SECTION TO BE COMPLETED BY COMM	MUNITY DEVELOPMENT DEPART	tures ()
THIS SECTION TO BE COMPLETED BY COMM	Maximum coverage of lot by struct	tures ()
THIS SECTION TO BE COMPLETED BY COMM ZONE	Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement	tures <u>(600</u>
THIS SECTION TO BE COMPLETED BY COMM ZONE	Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement 2 Special Conditions Letter for Augure 1	MENT STAFF tures (1000 YES NO Am onginiu specific
THIS SECTION TO BE COMPLETED BY COMM ZONE	Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement 2 Special Conditions Atturate Against Maximum Astronomy In writing, by the Community Developtil a final inspection has been com	MENT STAFF tures
THIS SECTION TO BE COMPLETED BY COMM ZONE	Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement Special Conditions A function In writing, by the Community Development a final inspection has been compartment (Section 305, Uniform Buildinformation is correct; Lagree to comproject. Lunderstand that failure to	MENT STAFF tures () () () () () () () () () () () () ()
THIS SECTION TO BE COMPLETED BY COMM ZONE	Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement Special Conditions A function In writing, by the Community Development a final inspection has been compartment (Section 305, Uniform Buildinformation is correct; Lagree to comproject. Lunderstand that failure to	MENT STAFF tures () () () () () () () () () () () () ()
THIS SECTION TO BE COMPLETED BY COMM ZONE SETBACKS: Front from property line (PL) Side from PL Rear Driveway Location Approval (Engineer's Initials) Modifications to this Planning Clearance must be approved, structure authorized by this application cannot be occupied u Occupancy has been issued, if applicable, by the Building Delation, which may include but not necessarily be limited to not application, which may include but not necessarily be limited to not application.	Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement Special Conditions Little Application Motor in writing, by the Community Develontil a final inspection has been compartment (Section 305, Uniform Buildinformation is correct; I agree to comproject. I understand that failure to in-use of the building(s).	MENT STAFF tures () () () () () () () () () () () () ()
THIS SECTION TO BE COMPLETED BY COMM ZONE	Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement Special Conditions Alguired Maximum coverage of lot by struct Permanent Foundation Required: Parking Requirement Special Conditions In Writing, by the Community Develontil a final inspection has been compartment (Section 305, Uniform Buildinformation is correct; I agree to comproject. I understand that failure to in-use of the building(s). Date Date Date	MENT STAFF tures () () () () () () () () () () () () ()



FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Poad the instructions on pages 1 - 7

			ead the instructions on page		
SECTION A - PROPERTY OWNER INFORMATION				For Insurance Company Use:	
BUILDING OWNER'S NAME SONSHINE II CONSTRUCTION				Policy Number	
BUILDING STREET ADD	DRESS (Including	Apt., Unit, Suite, and/or <i>呂 4色を</i> N	Bidg. No.) OR P.O. ROUTE AN	ID BOX NO.	Company NAIC Number
CITY GRAND JUNCTION			STATE CO	ZIP CC 81505	DDE
PROPERTY DESCRIPT	ION (Lot and Bloc ONIAL HEIGHTS	k Numbers, Tax Parcel FILING III, BK 3573, PG	Number, Legal Description, etc.) 145-032-99-	030
			sory, etc. Use a Comments are	a, if necessary.)	
LATITUDE/LONGITUDE (##°-##-##.##" or ##			NTAL DATUM: 7 □ NAD 1983	SOURCE: GPS (Typ	
	(SECTION B - FLOOD I	NSURANCE RATE MAP (FIR	M) INFORMATION	
B1.NFIP COMMUNITY NAME GRAND JUNCTION, COMMUN			2. COUNTY NAME IESA	1 -	33. STATE CO
B4. MAP AND PANEL NUMBER 0801170003	B5. SUFFIX E	/- 06-1983 B6. FIRM INDEX DATE -1-06-1992	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-15-1992	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 4590
B11. Indicate the elevation dat	☑ FIRM turn used for the BF a Coæstal Barrier Re	☐ Community Deter E in B9: ☐ NGVD 1929 sources System (CBRS)	mined ☐ Other (D NAVD 1 area or Otherwise Protected Area	988 Other (Describe): (OPA)? Yes	Designation Date
	SEC	TION C - BUILDING E	LEVATION INFORMATION (SURVEY REQUIRED)	
C2, Building Diagram Number	te will be required w 1 (Select the buildir	then construction of the bung diagram most similar to	Building Under Construction* ilding is complete. the building for which this certificat	Finished Construction e is being completed - see pag	es 6 and 7. If no diagram
accurately represents the					
		· ·	BFE), AR, AR/A, AR/AE, AR/A1-A		
· ·	_		d in Item C2. State the datum use		
			urements and datum conversion c	aiculation. Use the space prov	ided or the Comments area of
		cument the datum convers			^
		GVD1929 BFE 4590 + 3.0		Von Mhia	
			k used appear on the FIRM? 459 Z 28ft.(m)	res ⊠ No	MAN DO REGISTED
a) Top of bottom floor (. oi enciosure)	, - ,	Embossed Seal, and Date	MINIMADO REGIONALIA
b) Top of next higher fitc) Bottom of lowest hor		amhar (// zanae anlu)	<u>N/A</u> ft.(m) N/Aft.(m)	ssed :	S:3 // 78:2
a c) Bollom of lowest flor		amper (v zones only)	<u>N/A</u> ft.(m)	bos:	
e) Lowest elevation of a control of a c	•	nuioment	13/75(E)		B:7 206711 To
servicing the buildin	•	• •	<u>N/A</u> ft(m)	mature,	10-07 & SE
f) Lowest adjacent (finis	~ .		ft.(m)		TO COLOR OF THE PARTY OF THE PA
g) Highest adjacent (fin		1	ft.(m)	// \frac{126}{26} \tag{3}	MININAL LAND MININ
h) No. of permanent op	,			License	
🔾 i) Total area of all perm	anent openings (flo	od vents) in C3.h <u>N/A</u> sq. ii	n. (sq. cm)		
			, ENGINEER, OR ARCHITEC		
			neer, or architect authorized by represents my best efforts to in		nation.
			represents thy best ellotts to it inprisonment under 18 U.S. Coc		
CERTIFIER'S NAME MICH		- Famound of Into Of It	nggormani undor 10 0.0. Oot	LICENSE NUMBER PL	S 20677
TITLE PRESIDEN	T/PLS		COMPANY NAME	DH SURVEYS	INC
ADDRESS		1 -	CITY	STATE	ZIP CODE
118 OURAY AVENUE	11		GRAND JUNCTIC		81501
SIGNATURE	[] []	////	DATE //- //	0-04 TELEPHO (970)245-	

IMPORIANT: In these spaces, copy the corre	sponding information from Section A.		For Insurance Company Use:
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and	7, No.) OR P.O. ROUTE AND BOX NO.		Policy Number
25/8 VAN B4	STATE CO	ZIP CODE 81505	Company NAIC Number
GRAND JUNCTION SECTION D - SUE	RVEYOR, ENGINEER, OR ARCHITECT CEF		1
Copy both sides of this Elevation Certificate for (1) comm			<u> </u>
- (/	idilly bilidal, (2) lisurance agenicompany, and (5)	Dunding Owner.	
COMMENTS			
			Check how if attachment
OFFICIAL PUR DING FUEL TON	INFORMATION (SURVEY NOT REQUIRED	LEOD ZONE AO AND ZONE	Check here if attachment
or Zone AO and Zone A (without BFE), complete Items E Section C must be completed.	Through E4. If the Elevation Certificate is intended	Tot use as supporting information	TIOF A LOWING CONTINUE,
E1. Building Diagram Number _(Select the building diagra	ım most similar to the building for which this certifica	te is being completed – see page	s 6 and 7. If no diagram accurately
represents the building, provide a sketch or photograp	h.)		
E2. The top of the bottom floor (including basement or enc	losure) of the building isft.(m)in.(cm) [] ab	ove or Delow (check one) the	e highest adjacent grade. (Use
natural grade, if available). 33. For Building Diagrams 6-8 with openings (see page 7),	the next higher floor or elevated floor (elevation b)	of the building is film) in lo	cm) above the highest adjacent
 For Building Diagrams 6-6 with openings (see page 7), grade. Complete items C3.h and C3.i on front of form 		or the bounding oftellinytitle	
E4. The top of the platform of machinery and/or equipment		ove or 🔲 below (check one) the	e highest adjacent grade. (Use
natural grade, if available).		91 11 9.1.6	·
E5. For Zone AO only: If no flood depth number is available Yes No Unknown. The local official m		ice with the community's floodplai	n management ordinance?
	DERTY OWNER (OR OWNER'S REPRESE	NTATIVE) CERTIFICATION	
The property owner or owner's authorized representative		the same of the sa	ut a FEMA-issued or community-
issued BFE) or Zone AO must sign here. The statements			•
PROPERTY OWNER'S OR OWNER'S AUTHORIZED I	REPRESENTATIVE'S NAME		
SONSHINE CONSTRUCTION II ADDRESS	CITY	STATE	ZIP CODE
2350 G ROAD	GRANDJUNC	TION CO	81505
SIGNATURE	DATE	TELEPH 970-255-	
COMMENTS		370-200	0000
			Charleton fottohanak
90	ECTION G - COMMUNITY INFORMATION (C	DETIONAL)	Check here if attachments
he local official who is authorized by law or ordinance to a			A B C (or E) and G of this Flava
ertificate. Complete the applicable item(s) and sign below	· · · · · · · · · · · · · · · · · · ·	ordinance can complete decilons.	A, D, O (OI E), and O of this clicks
1. The information in Section C was taken from other	documentation that has been signed and embossed		r, or architect who is authorized by
	te the source and date of the elevation data in the C	•	
 A community official completed Section E for a build The following information (Items G4-G9) is provided 	- ·	ommunity-issued BFE) or Zone A	0.
		DATE CERTIFICATE OF COMPLIA	NCE/OCCUPANCY ISSUED
FLP-2005-039 3-2	29-05	DATE OF THE IONITE OF COMIT EN	WODOOO! PRIO! IOOOLD
7. This permit has been issued for: $\ \square$ New Construction			
8. Elevation of as-built lowest floor (including basement) of	•	#f.(m)	Datum:
BFE or (in Zone AO) depth of flooding at the building sit	e is:		Datum: <u>MA</u>
LOCAL OFFICIAL'S NAMELCK TOOM	5 TITLE-	PHOPUFUT	EA/15E
COMMUNITY NAME	# Jot Co TELEPH	10NE 970 -256-9	1/021/
SIGNATURE SIGNATURE	DATE :	910-256-7	7037
_ Tuck Hours	DAIL :	5-29-05	
COMMENTS			
			Chook ham if attachments
			Check here if attachments