

FEE \$	70.00
TCP \$	1539.00
SIF \$	460.00

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

BLDG PERMIT NO. _____

Building Address 464 Coos Bay St.
Parcel No. 2943-162-94-008
Subdivision PRAIRIE VIEW
Filing _____ Block 4 Lot 8

No. of Existing Bldgs 0 No. Proposed 1
Sq. Ft. of Existing Bldgs 0 Sq. Ft. Proposed 1642.00
Sq. Ft. of Lot / Parcel 6802.00
Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) 2,148.00
Height of Proposed Structure 17 FT

OWNER INFORMATION:

Name Tod Monger
Address 3220 E 1/2 Rd.
City / State / Zip Clifton Co. 81520

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name Tod Monger
Address 3220 E 1/2 Rd.
City / State / Zip Clifton Co. 81520
Telephone 434-6365

***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>RMF-5</u>	Maximum coverage of lot by structures <u>60%</u>
SETBACKS: Front <u>20'</u> from property line (PL)	Permanent Foundation Required: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Side <u>5'</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 <u>C</u>	Driveway Location Approval <u>[Signature]</u> (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 6-5-06
Department Approval NA Judith A. [Signature] Date 7/18/06 7/21/06

Additional water and/or sewer tap fee(s) are required: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	W/O No. <u>19326</u>
Utility Accounting <u>Kate Celsberg</u>	Date <u>7/21/06</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)