FEE\$	10,-
TCP\$	447,-
015.6	1111/2 -

PLANNING CLEARANCE

BLDG	PERMIT	NO.	

(Single Family Residential and Accessory Structures)

Community Development Department

SIF \$ 4110 **Building Address** No. of Existing Bldgs No. Proposed Parcel No. Sq. Ft. of Existing Bldgs Sq. Ft. Proposed Sq. Ft. of Lot / Parcel Subdivision Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed)_ **OWNER INFORMATION:** Height of Proposed Structure **DESCRIPTION OF WORK & INTENDED USE:** New Single Family Home (*check type below) Interior Remodel **Address** Addition Other (please specify): _ City / State / Zip APPLICANT INFORMATION: *TYPE OF HOME PROPOSED: DSite Built Manufactured Home (UBC) Manufactured Home (HUD) Other (please specify):_ SOS NOTES:_ City / State / Zip Telephone 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 Maximum coverage of lot by structures SETBACKS: Front 20' from property line (PL) Permanent Foundation Required: YES from PL from PL Parking Requirement Side Maximum Height of Structure(s) Special Conditions Driveway Location Approval **Voting District** (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 Department Approval Date Additional water and/or sewer tap fee(s) are required: NO W/O No. Date **Utility Accounting**

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)

ACCEPTED X Care Vale

ANY CHANGE OF CATALOGIS MUST BE

APPROACH

RESPONDENT AND IDENTIFY EASEMENTS

AND PROPERTY LINES.

