

FEE \$	5.00
TCP \$	
SIF \$	

PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures)

Community Development Department

63236-35311

Building Address 1190 Bookcliff Suite 102

No. of Existing Bldgs 1 No. Proposed 1

Parcel No. 2945-111-34-006

Sq. Ft. of Existing Bldgs _____ Sq. Ft. Proposed _____

Subdivision The Sullivan Center

Sq. Ft. of Lot / Parcel .055

Filing _____ Block _____ Lot _____

Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) _____

Height of Proposed Structure _____

OWNER INFORMATION:

Name Kent Evans

DESCRIPTION OF WORK & INTENDED USE:

Address P.O. Box 1807

New Single Family Home (*check type below)

City / State / Zip CO 81502

Interior Remodel Addition

APPLICANT INFORMATION:

Name Brian Phelps

Other (please specify): _____

Address 427 S. Camp Rd

Removing walls / Change Walls

City / State / Zip CO 81502

*TYPE OF HOME PROPOSED:

Telephone 261-8934

Site Built Manufactured Home (UBC)

Manufactured Home (HUD)

Other (please specify): _____

NOTES: ADD 2 Sinks - From-Mri wide - to Eye Deck.
(DCC)

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>B-1</u>	Maximum coverage of lot by structures _____
SETBACKS: Front _____ from property line (PL)	Permanent Foundation Required: YES _____ NO _____
Side _____ from PL Rear _____ from PL	Parking Requirement _____
Maximum Height of Structure(s) _____	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 B. Phelps Date 6/21/07

Department Approval Judith A. Pae Date 6/21/07

Additional water and/or sewer tap fee(s) are required:	YES	<input checked="" type="checkbox"/> NO	W/O No. <u>NO SWR/WTR Charge</u>
Utility Accounting <u>[Signature]</u>	Date <u>6/21/07</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)