

FEE \$	10.00
TEP \$	N/A
SIF \$	

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

BLDG PERMIT NO. _____

Building Address 209 Hill Ave
 Parcel No. 2445-142-23-002
 Subdivision _____
 Filing _____ Block _____ Lot _____

No. of Existing Bldgs ~~1~~ No. Proposed 0
 Sq. Ft. of Existing Bldgs 1800 Sq. Ft. Proposed 0
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) _____
 Height of Proposed Structure _____

OWNER INFORMATION:

Name Jason Parsons
 Address 209 Hill Ave
 City / State / Zip Grand Jct. 81501

DESCRIPTION OF WORK & INTENDED USE:

- New Single Family Home (*check type below)
- Interior Remodel Addition
- Other (please specify): Floor Repair/Bath Refin

APPLICANT INFORMATION:

Name Jason Parsons
 Address 209 Hill Ave
 City / State / Zip Co. 81501
 Telephone 970-216-8376

***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-8</u>	Maximum coverage of lot by structures <u>70%</u>		
SETBACKS: Front <u>20'</u> from property line (PL)	Permanent Foundation Required: YES _____ NO <u>X</u>		
Side <u>5'</u> from PL Rear <u>10'</u> from PL	Parking Requirement _____		
Maximum Height of Structure(s) <u>35'</u>	Special Conditions <u>Interior remodel only No kitchen facility</u>		
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 5/24/07

Department Approval [Signature] Date 5/24/07

Additional water and/or sewer tap fee(s) are required: YES _____ NO <u>X</u> W/O No. <u>Prem 3392</u>
Utility Accounting <u>[Signature]</u> Date <u>5/24/07</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)