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PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Community Development Department

BLDG PERMIT NO. _____

6525-4069
 Building Address 830 Independent #39
 Parcel No. 2945-104-01-006
 Subdivision West Lake Mobile Home Park
 Filing _____ Block _____ Lot _____

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

OWNER INFORMATION:

Name Mary E Sanchez
 Address 830 Independent #39
 City / State / Zip 8501

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name _____
 Address _____
 City / State / Zip _____
 Telephone 858-0949

***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>D-1</u>	Maximum coverage of lot by structures _____
SETBACKS: Front <u>15'25"</u> from property line (PL)	Permanent Foundation Required: YES _____ NO _____
Side <u>0'0"</u> from PL Rear <u>10'10"</u> from PL	Parking Requirement _____
Maximum Height of Structure(s) <u>40'</u>	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 Mary E. Sanchez Date 5/1/07
 Department Approval Wendy Spurr Date 5/1/07

Additional water and/or sewer tap fee(s) are required:	YES	<input checked="" type="checkbox"/> NO	W/O No.
Utility Accounting <u>(Signature)</u>	Date <u>5/1/07</u>		

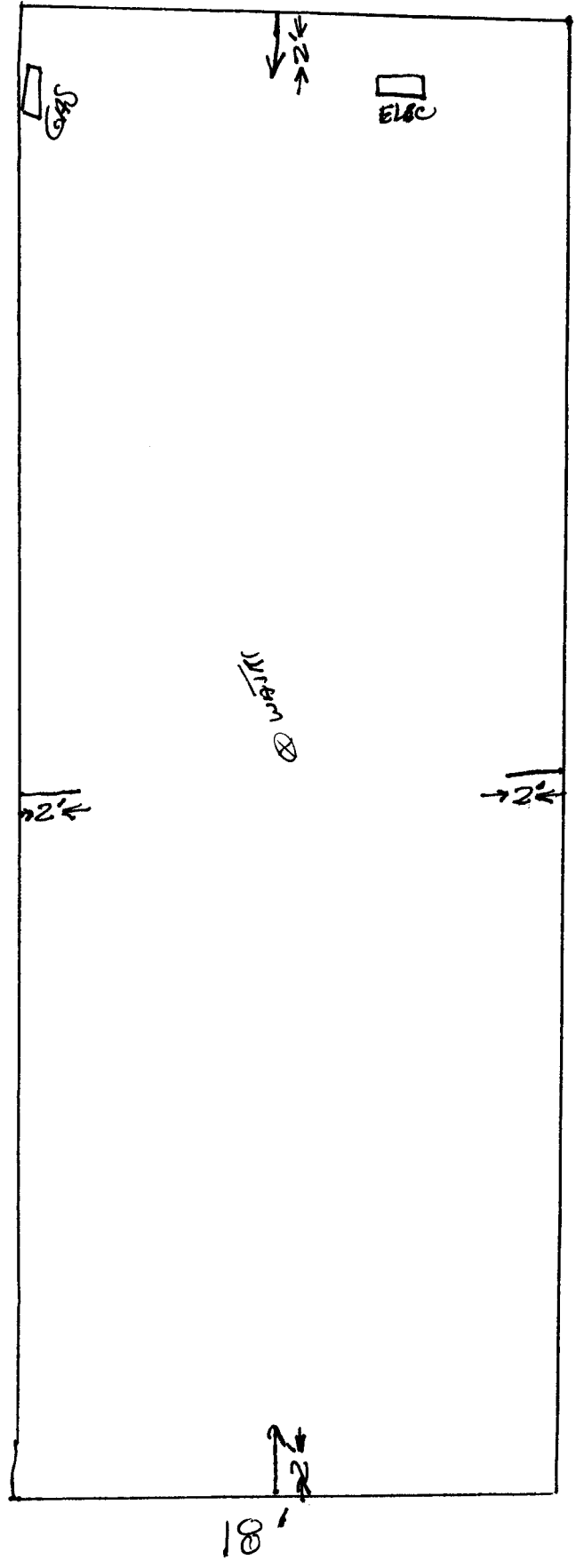
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning & Development Code)
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

MARY E SANCHEZ
WEST LAKE MOBILE HOME PARK
830 FUDGEPIECE AVENUE
G.T. CO 81502

SPACE 39A

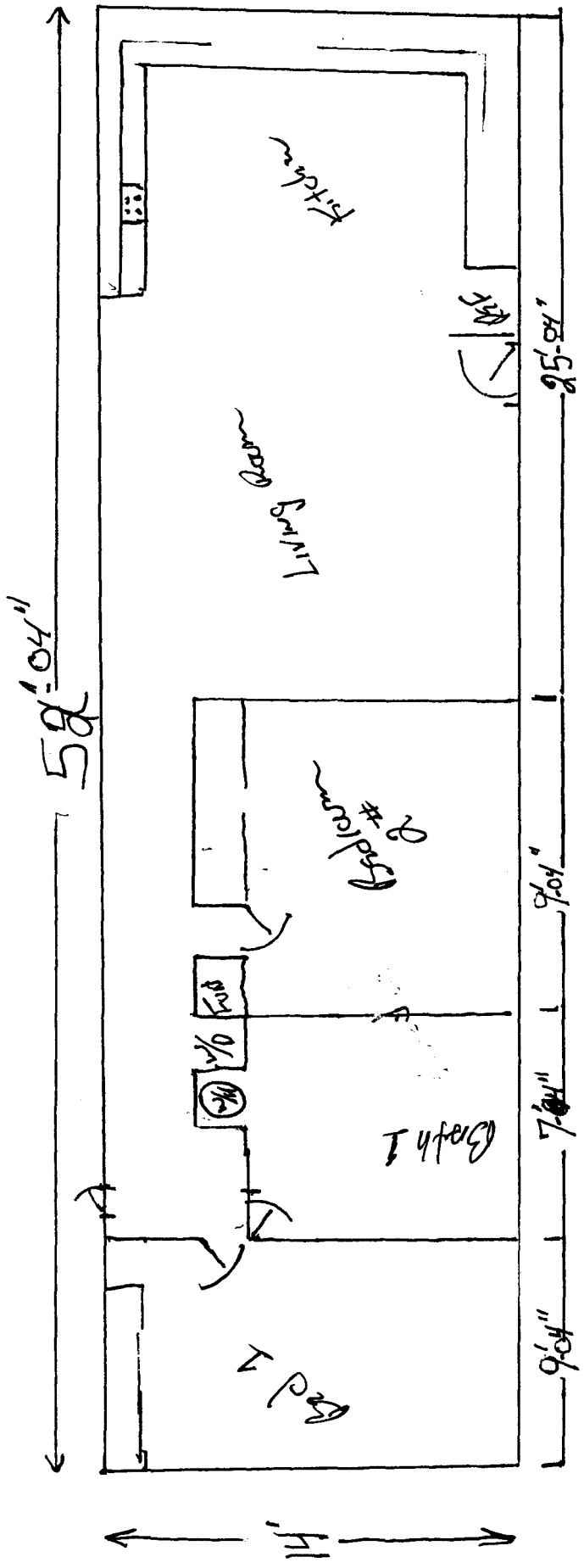
Wendy Spurr

CITY OF G.T. CLEARANCE
250 N 5TH ST



MARY E. SANCHEZ
WEST LAKE MOBILE HOME PARK
830 Independence Ave
G.T. Co 81508

Space 39#



Mesa County Assessors Office

HUD Certified Manufactured Home Structure Characteristics Form

Please complete the following form. Attach a separate floor plan including outside dimensions. If you have any questions, please contact the Assessors Office (970) 244-1610.

WEST LAKE Mobile Home Park

Land Parcel # _____ **Home Parcel #** _____
 Land Owner NINA SIMPSON Phone Number _____ Phone Number _____
 Daytime: 241-5344 Evening: _____
 Home Owner MARY E SANDERS Phone Number _____ Phone Number _____
 Daytime: 858-0949 Evening: _____
 Property Location Address: 830 INDEPENDENT # 39
 Dealer ACE Homes Inc Purchase Price 36,500
 Was there a home located here? Yes No Date Removed ? Location Now ?
 Sale Date 4-30-07 Date Liveable _____
 Make TIMMACK Model TIMMACK Year 1981 Size 14X56 Vin # 16181152982
 Permit Type: New Residence _____ Remodel _____ Garage _____ Addition _____ Other _____

Permit Number _____ Permit Issue Date _____

Room Counts (Please Circle)

Total Room count: 1 2 3 4 5 6 7 8
 (Do not include laundry, baths, enclosed porches or garages)
 Number of Bedrooms: 1 2 3 4 5
 (Sleeping Room with a closet)
 Number of Full Baths: 0 1 2 3 4 5
 (Includes a toilet, sink and tub-with or without shower)
 Number of 3/4 Baths: 0 1 2 3 4 5
 (Includes a toilet, sink and shower, without a tub)
 Number of 1/2 Baths: 0 1 2 3 4 5
 (Includes a toilet and a sink)

Exterior Wall	Floor Covering	Roof Covering
<input checked="" type="checkbox"/> Wood Siding	_____ Carpet	_____ Asphalt or Comp, Shingle
_____ Alum. Or Vinyl Siding	_____ Hardwood	_____ Concrete Tile
_____ Brick	_____ Tile	_____ Wood Shake or Shingle
_____ Other	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Other

Heating	Cooling	Out buildings
<input checked="" type="checkbox"/> Gas	_____ Rooftop Evap.	_____ Steel Build/Size _____
_____ Electric	_____ Window/Wall Evap.	_____ Barn/Size _____
_____ Forced Air	_____ Central Air	_____ Shed/Shed _____
_____ Other	_____ Other	_____ Other/Size _____

Car Storage	Patios/Decks
_____ Number of Stalls	_____ Patios/Size _____
_____ Garage/Size _____	_____ Deck/Size _____
_____ Carport/Size _____	_____ Porch/Size _____
_____ Attached _____ Detached	_____ Other/Size _____

This form will increase the accuracy of the Assessor's records. Thank you for your cooperation.