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PLANNING CLEARANCE
 (Single Family Residential and Accessory Structures)
Public Works & Planning Department

BLDG PERMIT NO. _____

Building Address 1085 CRESTRIDGE DR
 Parcel No. 2945-022-07-001
 Subdivision CRESTRIDGE
 Filing _____ Block _____ Lot _____

No. of Existing Bldgs 2 No. Proposed 0
 Sq. Ft. of Existing Bldgs 4400 Sq. Ft. Proposed 50
 Sq. Ft. of Lot / Parcel 44,000⁺ 1.1ac
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) 10%
 Height of Proposed Structure _____

OWNER INFORMATION:

Name LINDA ROMER TODD
 Address PO Box 60115
 City / State / Zip Gr Jct Co 81506

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name LINDA ROMER TODD
 Address PO Box 60115
 City / State / Zip Gr Jct Co 81506
 Telephone 970-241-0685

***TYPE OF HOME PROPOSED:**

Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 Other (please specify): _____

NOTES: ADDING 1/2 BATH
with BACK YARD ACCESS

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 PLANNING STAFF | |
|---|---|
| ZONE <u>R1</u> | Maximum coverage of lot by structures _____ |
| SETBACKS: Front _____ from property line (PL) | Permanent Foundation Required: YES _____ NO _____ |
| Side _____ from PL Rear _____ from PL | Floodplain Certificate Required: YES _____ NO _____ |
| Maximum Height of Structure(s) _____ | Parking Requirement _____ |
| Voting District _____ Driveway Location Approval _____ (Engineer's Initials) | Special Conditions _____ |

Modifications to this Planning Clearance must be approved, in writing, by the Public Works & Planning 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.

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 Linda Romer Todd Date 8-15-08
 Planning Approval Lyle Regal Date 8-15-08

| | | | |
|--|------|--|---------|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. |
| Utility Accounting <u>L. Beasley</u> | Date | <u>8/15/08</u> | |

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.4 Grand Junction Zoning & Development Code)
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

City of Grand Junction GIS Zoning Map ©



ACCEPTED *[Signature]* 8/14/08

ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DIVISION. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.

SCALE 1 : 556

