

FEE \$	10 ⁰⁰
TCP \$	
SIF \$	

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

BLDG PERMIT NO. _____

Building Address 275 W PARKVIEW
 Parcel No. 2945-252-22-018
 Subdivision PARKVIEW SUB
 Filing _____ Block 3 Lot 18

No. of Existing Bldgs 3 (1 already removed) No. Proposed 1
 Sq. Ft. of Existing Bldgs 1520 + 120 = 1640 Sq. Ft. Proposed 2280
 Sq. Ft. of Lot / Parcel 11,151
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) 2280
 Height of Proposed Structure 12'

OWNER INFORMATION:
 Name DANIEL W. YOUNG / TONYA L. YOUNG
 Address 275 W. PARKVIEW DR.
 City / State / Zip GRAND JCT. CO. 81503

DESCRIPTION OF WORK & INTENDED USE:
 New Single Family Home (*check type below)
 Interior Remodel Addition
 Other (please specify): Converting Garage
Removing 2 sheds adding living room

APPLICANT INFORMATION:
 Name DANIEL W. YOUNG / TONYA L. YOUNG
 Address 275 W. PARKVIEW DR.
 City / State / Zip GRAND JCT. CO. 81503
 Telephone 970-523-7477 970-208-6731

***TYPE OF HOME PROPOSED:**
 Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 Other (please specify): _____
 NOTES: Shed closest to garage already removed & will be removing 2nd shed on property line (removal of concrete pads fee)

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 R8 Maximum coverage of lot by structures 70%
 SETBACKS: Front 20 from property line (PL) Permanent Foundation Required: YES NO _____
 Side 5 from PL Rear 10 from PL Floodplain Certificate Required: YES _____ NO
 Maximum Height of Structure(s) 35 Parking Requirement 2
 Voting District _____ Driveway Location Approval _____ Special Conditions _____
 (Engineer's Initials)

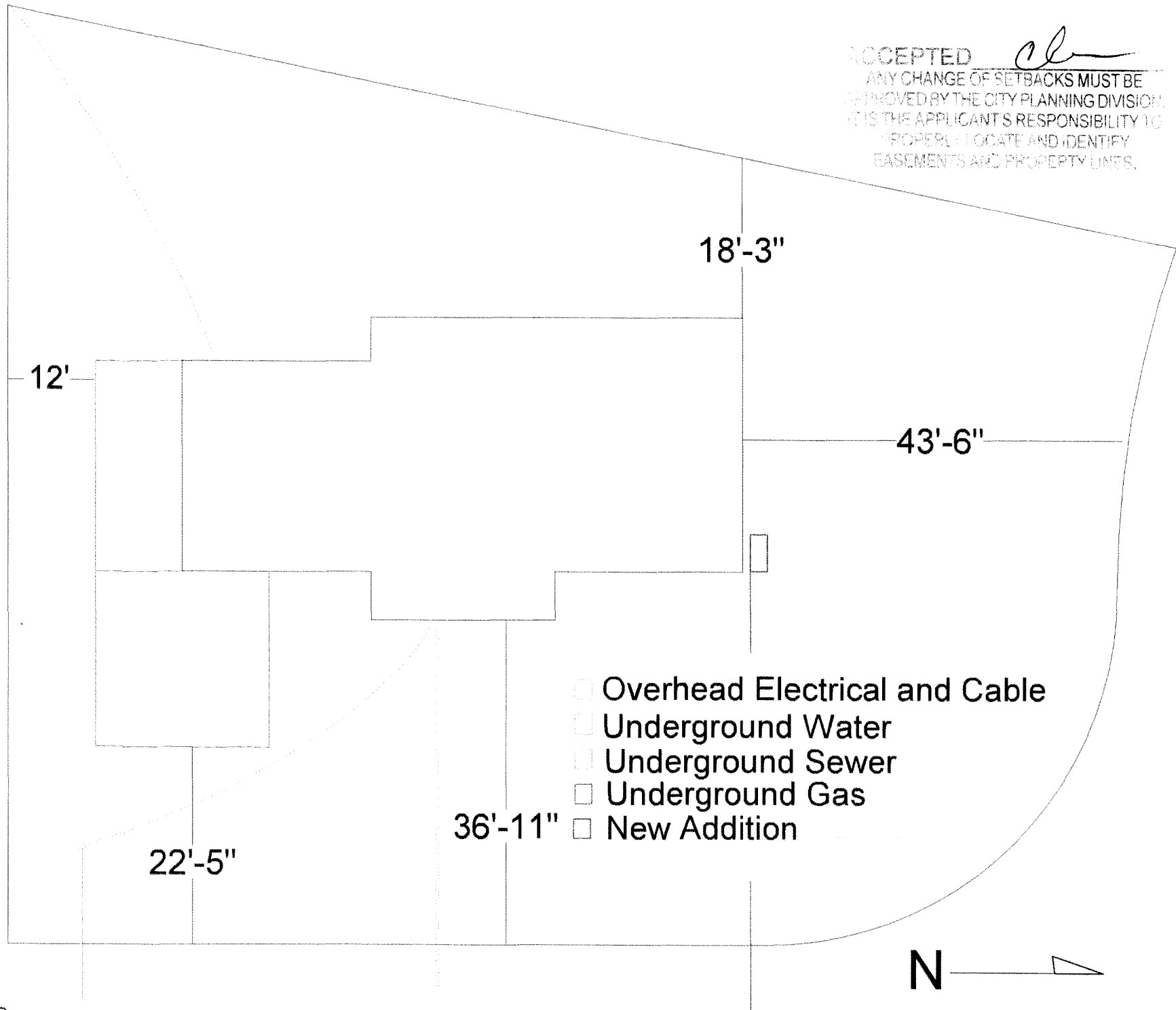
Modifications to this Planning Clearance must be approved, in writing, by the Public Works & Planning Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building 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 [Signature] Date 1 DEC 08
 Planning Approval [Signature] Date 12/1/08

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>NO WTR/SEWER CHARGE</u>
Utility Accounting <u>[Signature]</u>	Date <u>12/1/08</u>		

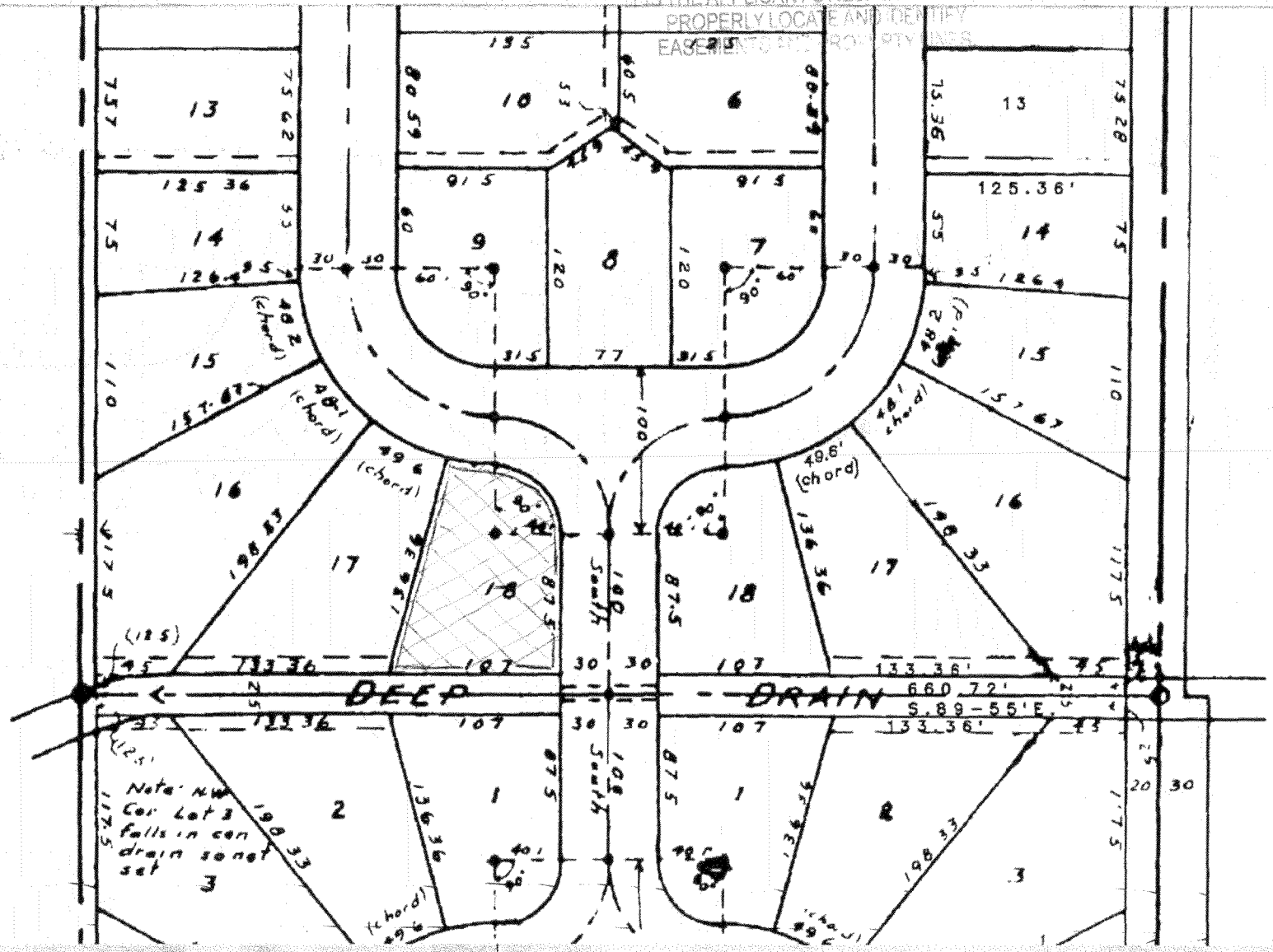
ACCEPTED *al*
ANY CHANGE OF SETBACKS MUST BE
APPROVED BY THE CITY PLANNING DIVISION.
IT IS THE APPLICANT'S RESPONSIBILITY TO
PROPERLY LOCATE AND IDENTIFY
EASEMENTS AND PROPERTY LINES.



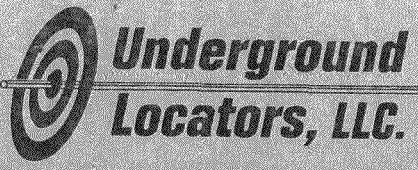
ACCEPTED



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20.66 x 30.34 in



FACILITY LOCATION SKETCH

(719) 471-0229

TICKET # A0298924

Area#:

LOG #:

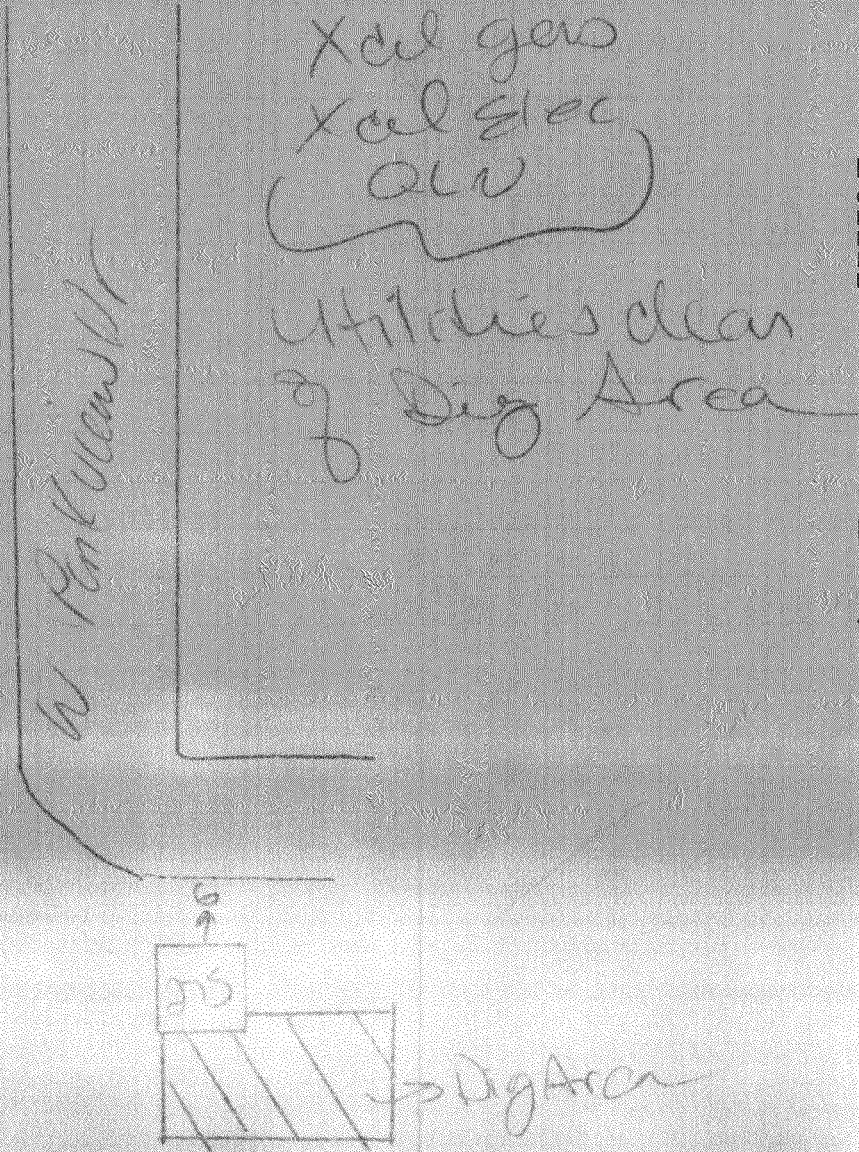
Footage:

ADDRESS: 275 W Parkview Dr

EXCAVATOR: Daniel Young H/O

How Marked: Paint Flags Nylon Whiskers Print# Time Arrived Time Completed

PRIVATELY OWNED FACILITIES MAY BE IN DIG AREA. THESE INCLUDE, BUT ARE NOT LIMITED TO, SECONDARY ELECTRIC, WATER, AND AFTER METER GAS SERVICES. IT IS THE EXCAVATORS RESPONSIBILITY TO GET THESE MARKED. ANY MARKS PROVIDED BY UNDERGROUND LOCATORS ARE COURTESY ONLY WITH NO WARRANTY.



NORTH



DIG ALERT

One or more of the following high profile facilities has been located in or near your dig area. Please pot hole and verify location.

- Electric Feeder
- Fiber Optic
- Duct Run
- H.P Gas
- 600 Pair or Greater Telephone
- 4" or Bigger Gas

Watch & Protect / Standby Required

Please call 719-471-0229 to schedule a time.

EXCAVATOR NOTIFIED

Name _____

Date _____

Time _____ AM / PM

- E - Electric
- G - Gas
- TV - CATV
- T - Telephone
- W - Water
- F/O - Fiber Optic
- DR - Duct Run
- S - Sewer

* LOCATE MARKS ARE ONLY GOOD FOR 30 DAYS OR WHILE VISIBLE. CALL FOR RE-MARKS IF PAINT MARKS ARE DESTROYED OR WEATHERED. YOUR TICKET IS NOT VALID IF MARKS ARE DESTROYED. THIS SKETCH IS APPROXIMATE: 18 INCHES HORIZONTALLY FROM EXTERIOR SIDE OF THE FACILITY IS CONSIDERED A CORRECT LOCATION:

COMMENTS

PRINT LOCATOR'S NAME S. Hum A

DATE 1-27-08

Signature of person on job site

EXTENDED JOB AGREEMENT

Our company and I agree that this original locate ticket is an extended job and that locates will be done on a day-to-day basis. No excavating will take place until signed paperwork is received by our Company with the dig area defined.

Excavators Signature