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|--------|-----------------|
| FEE \$ | 5 ⁰⁰ |
| TCP \$ | / |
| SIF \$ | / |

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

BLDG PERMIT NO. 11

Existing Acct.
 98600-1735

Building Address 761 White Ave No. of Existing Bldgs _____ No. Proposed _____
 Parcel No. 2945-144-08-006 Sq. Ft. of Existing Bldgs _____ Sq. Ft. Proposed _____
 Subdivision _____ Sq. Ft. of Lot / Parcel _____
 Filing _____ Block 93 Lot 18 ^{LOT 17+18}
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) _____
 Height of Proposed Structure _____

OWNER INFORMATION:

Name CHESTER L. ALLEN
 Address 458 SANCIO MESA CT
 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): Demo only

APPLICANT INFORMATION:

Name Jane Ben Dowd Exp, Inc
 Address 550 32 RD
 City / State / Zip Clifton, CO 81520
 Telephone ~~745-1655~~ 434-8190

***TYPE OF HOME PROPOSED:**

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

NOTES: NOT ABANDONING TAPS
AS OF 9/30/08

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-2</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) |

PAID
 SEP 30 2008

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 Rebecca Dowd Date 9/29/08
 Department Approval fat Dowd Date 9/30/08

| | | | |
|--|---------------------|--|---------|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. |
| Utility Accounting <u>C Benseley</u> | Date <u>9/30/08</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)