

FEE \$	10.00
TCP \$	0
SIF \$	0

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

BLDG PERMIT NO. _____

P

Building Address 633 W. Main St
 Parcel No. 2945-154-19-008
 Subdivision _____
 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 Ronald + Nancy Corzani
 Address 633 W. Main St
 City / State / Zip G. J. Co. 81501

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name Same
 Address _____
 City / State / Zip _____
 Telephone _____

***TYPE OF HOME PROPOSED:**

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

PAID

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 PLANNING STAFF

ZONE <u>R-8</u>	Maximum coverage of lot by structures <u>70%</u>
SETBACKS: Front <u>20'</u> from property line (PL)	Permanent Foundation Required: YES <input checked="" type="checkbox"/> NO _____
Side <u>5'</u> from PL Rear <u>10'</u> from PL	Floodplain Certificate Required: YES _____ NO <input checked="" type="checkbox"/>
Maximum Height of Structure(s) <u>35'</u>	Parking Requirement _____
Voting District _____	Special Conditions _____
Driveway Location Approval _____ (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 1-6-09
 Planning Approval Gayleen Henderson Date 1-6-09

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No.
Utility Accounting <u>[Signature]</u>	Date <u>1/6/09</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 ©



*Remove old forest and rebuild IT.
10' x 12'*

1-6-09
ACCEPTED by Gayleen Anderson
ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DIVISION. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY ALL CITY LINES.

