

FEE \$ <u>10⁰⁰</u>
TCR \$
SIF \$

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

BLDG PERMIT NO. _____

1451-0

Building Address 725 Road Ave
 Parcel No. 2945-144-17-005
 Subdivision _____
 Filing _____ Block 12 Lot 11

No. of Existing Bldgs 1 No. Proposed 0
 Sq. Ft. of Existing Bldgs 5298 Sq. Ft. Proposed 0
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) _____
 Height of Proposed Structure _____

OWNER INFORMATION:

Name LACROIX Thomas R
 Address 274 E Fallen Rock RD
 City / State / Zip GS, CO 81507-1131

DESCRIPTION OF WORK & INTENDED USE:
 New Single Family Home (*check type below)
 Interior Remodel Addition
 Other (please specify): Replace store front / new roof and entry cover / stucco

APPLICANT INFORMATION:

Name Monument Homes Dev
 Address 2526 West Pinyon Ave
 City / State / Zip GS CO 81505
 Telephone 261-7446 / 263-4022

***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 PLANNING STAFF

ZONE B-2 Maximum coverage of lot by structures N/A
 SETBACKS: Front 15/25 B-2 - Can be 0' if DD from property line (PL) Permanent Foundation Required: YES _____ NO _____
 Side 00/00 from PL Rear 00/00 from PL Floodplain Certificate Required: YES _____ NO _____
 Maximum Height of Structure(s) 65' Parking Requirement _____
 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 Wendy Spurr Date 10/13/09
 Planning Approval Wendy Spurr Date 10/16/09

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>No change</u>
Utility Accounting <u>[Signature]</u>	Date <u>10/16/09</u>		

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 (Single Family Residential and Accessory Structures)
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BLDG PERMIT NO. _____

1451-0

Building Address 725 Road Ave
 Parcel No. 2945-144-17-005
 Subdivision City of Grand Jct.
 Filing _____ Block 12 Lot 11

No. of Existing Bldgs 1 No. Proposed 0
 Sq. Ft. of Existing Bldgs 5298 Sq. Ft. Proposed 0
 Sq. Ft. of Lot / Parcel _____
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 (Total Existing & Proposed) _____
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OWNER INFORMATION:

Name LACROIX Thomas R
 Address 244 E Fallen Rock Rd
 City / State / Zip GS, CO 81507-1131

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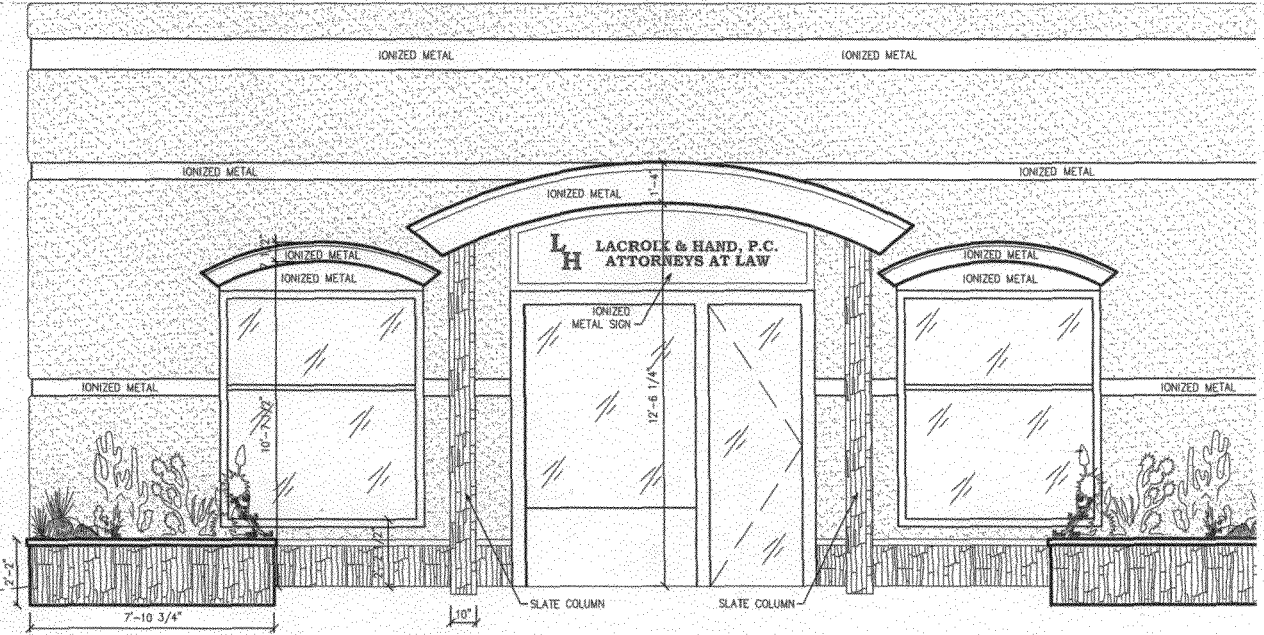
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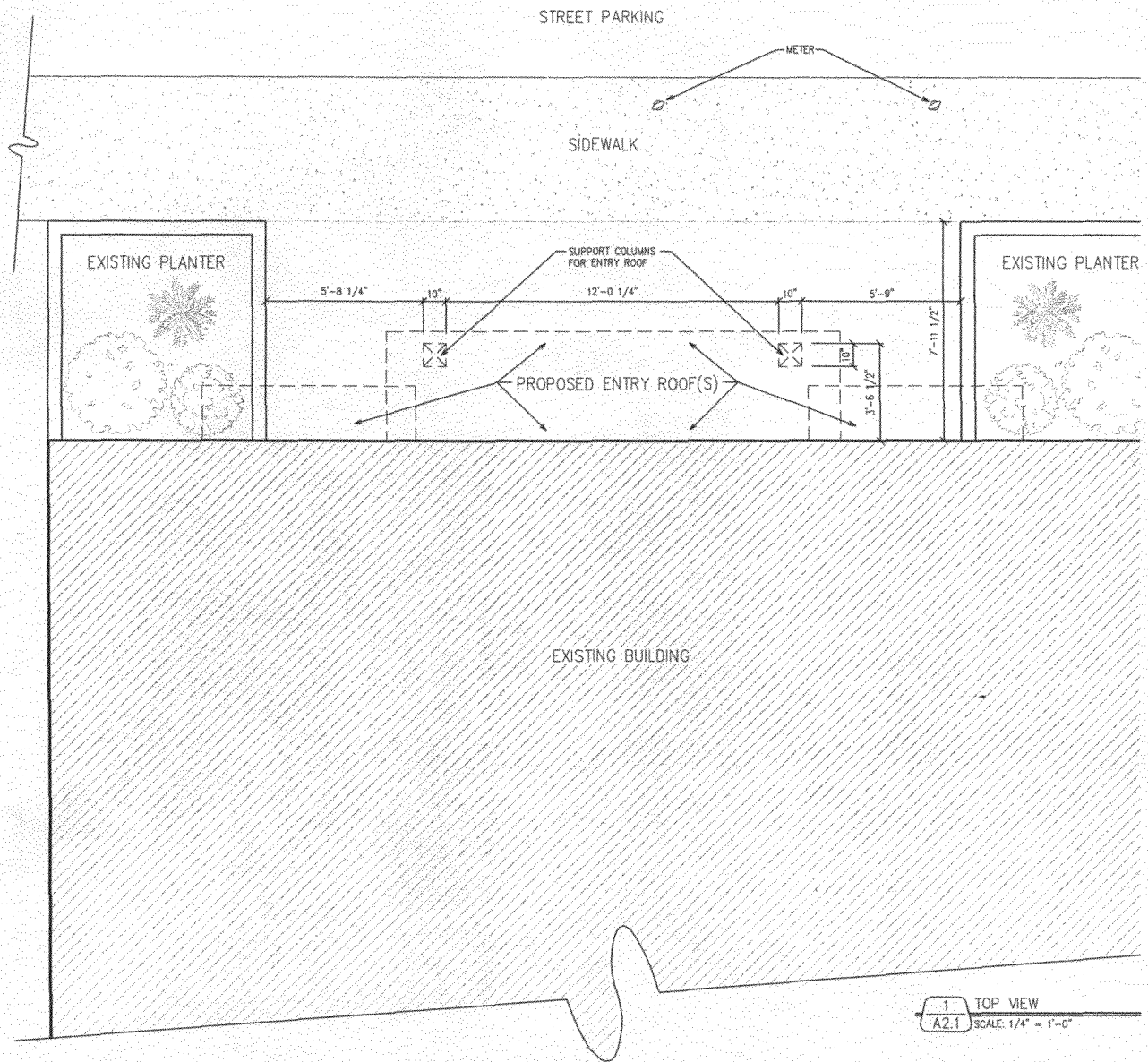
CURRENT BUILDING HEIGHT



1
A2.1

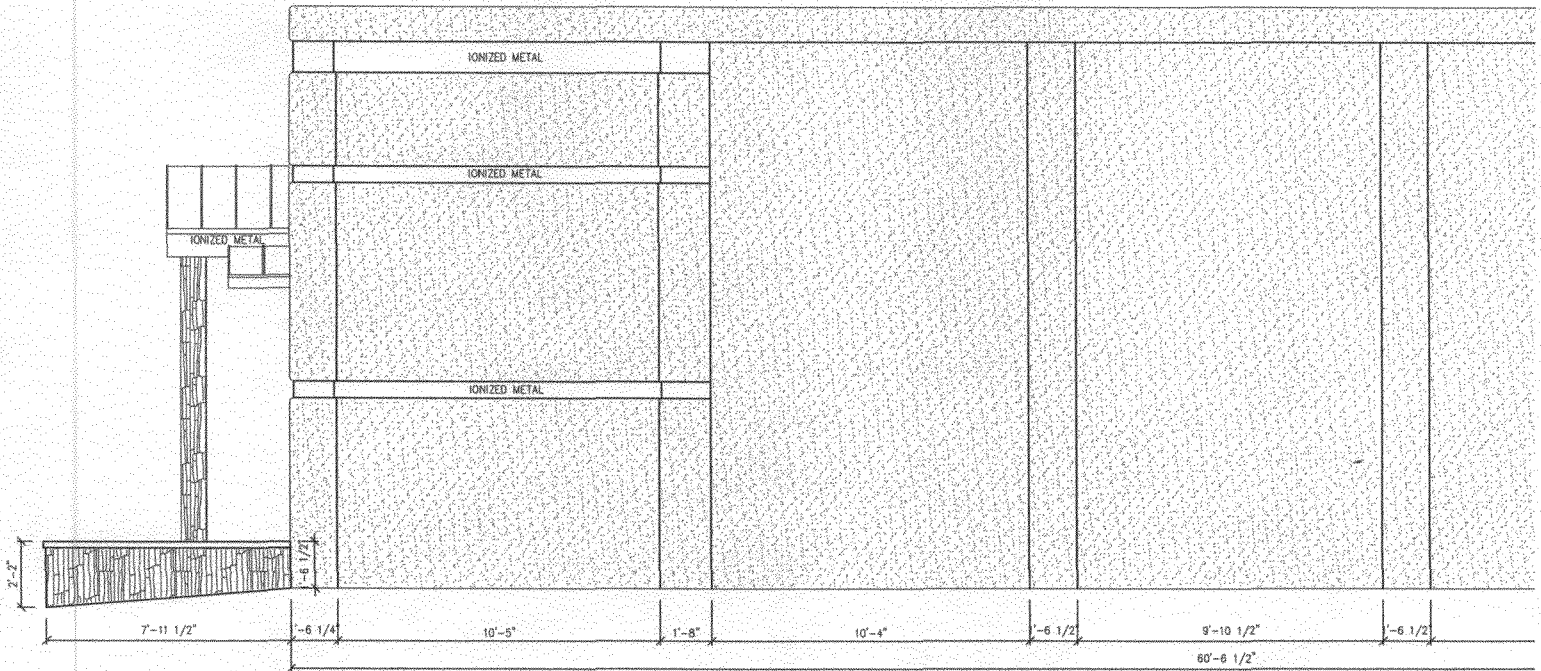
*For design concept only. Supplier/installer must verify all dimensions, specifications, etc. Working drawings must be submitted for approval by Architect/Structural Engineer/Owner/Designer. Actual door samples for style and finish must be submitted prior to final approval.

ACCEPTED *Wendy Spurr*
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.



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