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PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)

Public Works & Planning Department

Receipt 36057

10787-0

Building Address 2680 Caribbean Dr.
 Parcel No. 2701-264-16-019
 Subdivision Paradise Hills
 Filing Block 17 Lot 17

No. of Existing Bldgs _____ No. Proposed _____
 Sq. Ft. of Existing Bldgs _____ Sq. Ft. Proposed 484
 Sq. Ft. of Lot / Parcel 15,551
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) 1828
 Height of Proposed Structure 131

OWNER INFORMATION:

Name William Timothy & Diann Foley
 Address 2680 Caribbean Dr.
 City / State / EJ. Co, 81506

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name Paul Weiland
 Address 999 Crown Ct
 City / State / EJ Co 81505
 Telephone 234-5600 cell

*TYPE OF HOME PROPOSED:

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

NOTES: Additional Garage Shop & Office

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.

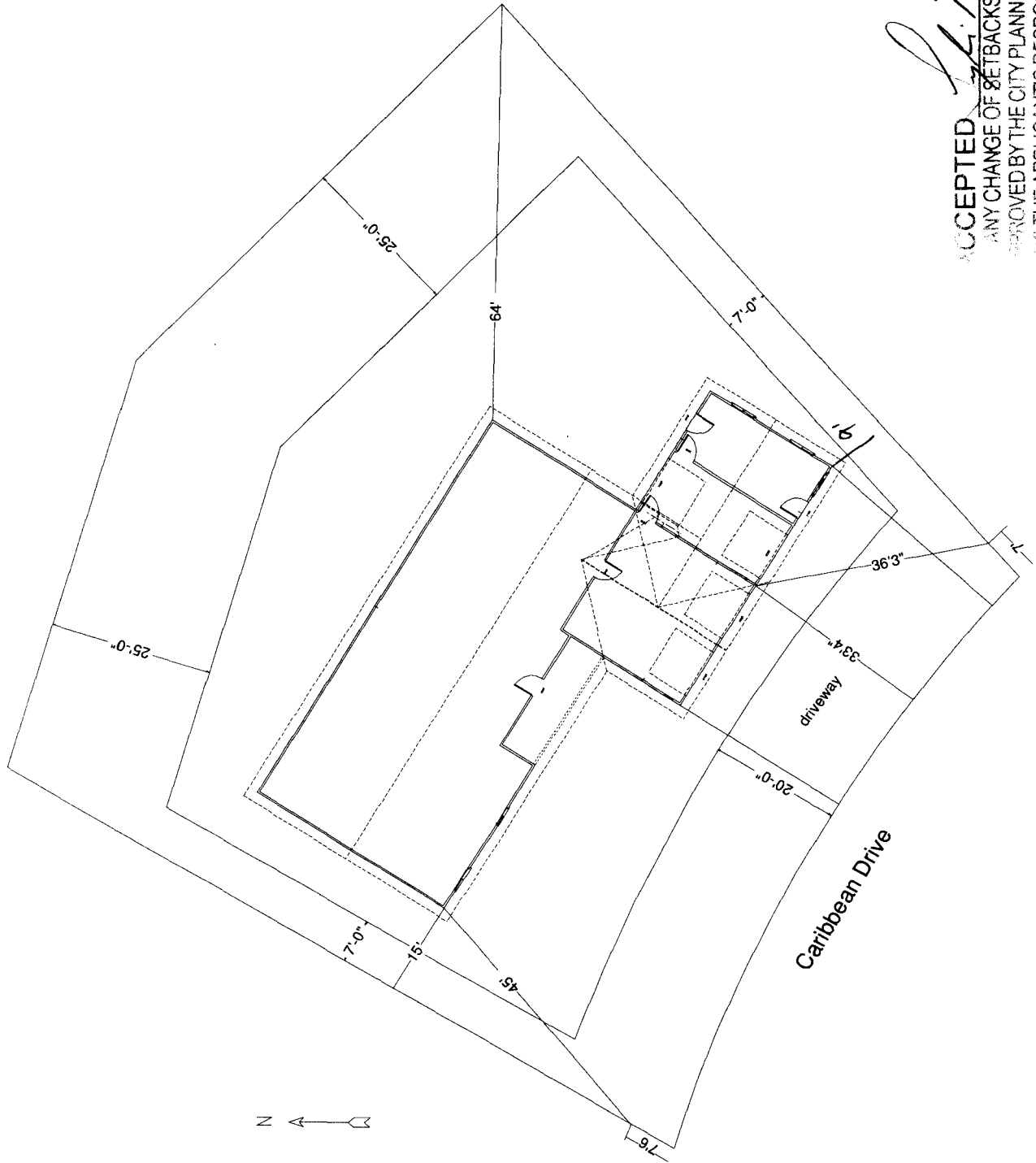
| THIS SECTION TO BE COMPLETED BY PLANNING STAFF | |
|--|---|
| ZONE <u>R4</u> | Maximum coverage of lot by structures _____ |
| SETBACKS: Front <u>20</u> from property line (PL) | Permanent Foundation Required: YES _____ NO _____ |
| Side <u>7</u> from PL Rear <u>25</u> from PL | Floodplain Certificate Required: YES _____ NO _____ |
| Maximum Height of Structure(s) _____ | 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 [Signature] Date 12/13/2010
 Planning Approval [Signature] Date 12/13/10

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|--|------|-------------------------------------|------------------------------------|
| Additional water and/or sewer tap fee(s) are required: | YES | <input checked="" type="radio"/> NO | W/O No. <u>no water / no sewer</u> |
| Utility Accounting <u>[Signature]</u> | Date | <u>12-13-10</u> | |



ACCEPTED *L.H. Reynolds* 12/13/10
 ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DIVISION. THE APPLICANT'S RESPONSIBILITY TO VERIFY ANY AT-RISK IDENTIFY FACILITY ADDRESS FIRST TIME