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

BLDG PERMIT NO. _____

Building Address 410 Chest Dr.
 Parcel No. 2943-173-44-020
 Subdivision Countryside Estates
 Filing _____ Block _____ Lot _____

No. of Existing Bldgs 1 No. Proposed 1
 Sq. Ft. of Existing Bldgs 1654 Sq. Ft. Proposed 64
 Sq. Ft. of Lot / Parcel 4,530.24
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) 2132
 Height of Proposed Structure _____

OWNER INFORMATION:

Name Joseph Vialpando
 Address 410 Chest Dr
 City / State / Zip GT

DESCRIPTION OF WORK & INTENDED USE:

- New Single Family Home (*check type below)
- Interior Remodel Addition
- Other (please specify): Shed 8x8

APPLICANT INFORMATION:

Name _____
 Address _____
 City / State / Zip _____
 Telephone 801-842-8224

***TYPE OF HOME PROPOSED:**

- Site Built Manufactured Home (UBC)
- Manufactured Home (HUD)
- Other (please specify): 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>20/25</u> from property line (PL)	Permanent Foundation Required: YES _____ NO <u>X</u>
Side <u>5/3</u> from PL Rear <u>10/5</u> from PL	Floodplain Certificate Required: YES _____ NO <u>X</u>
Maximum Height of Structure(s) <u>40</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 Joseph Vialpando Date 5/4/10
 Planning Approval Pat Deneige Date 5/4/10

Additional water and/or sewer tap fee(s) are required:	YES	<input checked="" type="checkbox"/> NO	W/O No.
Utility Accounting <u>C. Benseley</u>	Date	<u>5/4/10</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)

410 Chert Dr



SCALE 1 : 214

