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PLANNING CLEARANCE

BLDG PERMIT NO.

(Single Family Residential and Accessory Structures)

22

Public Works & Planning Department

Building Address 139 Park Dr
 Parcel No. 2945-112-13-041
 Subdivision Park Lane
 Filing _____ Block _____ Lot _____

No. of Existing Bldgs 3 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 Jim Sabla
 Address 139 Park Dr
 City / State Granville OH 43021

DESCRIPTION OF WORK & INTENDED USE:

New Single Family Home (*check type below)
 Interior Remodel
 Addition 35' x 20'
 Other (please specify): _____

APPLICANT INFORMATION:

Name Jim Sabla
 Address 139 Park Dr
 City / State / Granville OH 43021
 Telephone 245 8404

***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 <u>R-5</u>	Maximum coverage of lot by structures <u>60%</u>
SETBACKS: Front <u>20</u> from property line (PL)	Permanent Foundation Required: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Side <u>5</u> from PL Rear <u>25</u> from PL	Floodplain Certificate Required: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Maximum Height of Structure(s) <u>40</u>	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 5-5-10
 Planning Approval [Signature] Date 5-5-10

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

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 21.02.070(b) Grand Junction Municipal Code)
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

City of Grand Junction GIS Zoning Map ©



ACCEPTED
ANY CHANGE OF SEEBACKS MUST BE
APPROVED BY THE CITY PLANNING DIVISION.
IT IS THE APPLICANT'S RESPONSIBILITY TO
PROPERLY LOCATE AND IDENTIFY
EASEMENTS AND PROPERTY LINES.

John L. Reynolds

2010

SCALE 1 : 528

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FEET

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Wednesday, May 05, 2010 3:35 PM