

FEE \$ <u>10<sup>00</sup></u>
TCP \$
SIF \$

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

BLDG PERMIT NO. 60903-0

Building Address 484 RIGGS WAY  
 Parcel No. 2947-262-33-005  
 Subdivision ROCKY HEIGHTS  
 Filing 1 Block 1 Lot 5

No. of Existing Bldgs 1 No. Proposed 0  
 Sq. Ft. of Existing Bldgs 3300 Sq. Ft. Proposed 220  
 Sq. Ft. of Lot / Parcel 73,834  
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface  
 (Total Existing & Proposed) 3300 220  
 Height of Proposed Structure 25'

**OWNER INFORMATION:**

Name JOHN & SANDRA McCLEATHAN  
 Address 484 RIGGS WAY  
 City / State / Zip ORO UOT CO 81507

**DESCRIPTION OF WORK & INTENDED USE:**

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

**APPLICANT INFORMATION:**

Name SAME AS OWNER  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Telephone 970 255 6626

**\*TYPE OF HOME PROPOSED:**

- Site Built  Manufactured Home (UBC)
- Manufactured Home (HUD)
- Other (please specify): \_\_\_\_\_

NOTES: Adding a room above the  
current patio no bathroom

**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>PD</u>	Maximum coverage of lot by structures _____
SETBACKS: Front _____ from property line (PL)	Permanent Foundation Required: YES _____ NO _____
Side <u>Per boundary envelope</u> from PL	Floodplain Certificate Required: YES _____ NO _____
Rear <u>plot</u> from PL	Parking Requirement _____
Maximum Height of Structure(s) _____	
Voting District _____	Special Conditions <u>Must tie into existing roof area</u>
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 John McCleathan Date 2-9-10  
 Planning Approval Pat Dunlap Date 2/10/10

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>new water / sewer</u>
Utility Accounting <u>Q, R, S</u>	Date <u>2/10/10</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)



497 ESCONDIDO CIR

484 RIGGS WAY

482 RIGGS WAY

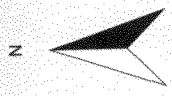
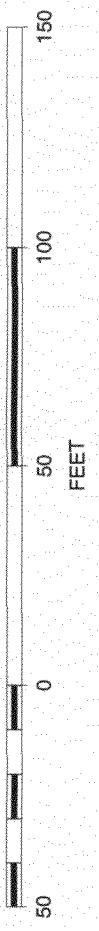
RIGGS WAY

483 RIGGS WAY

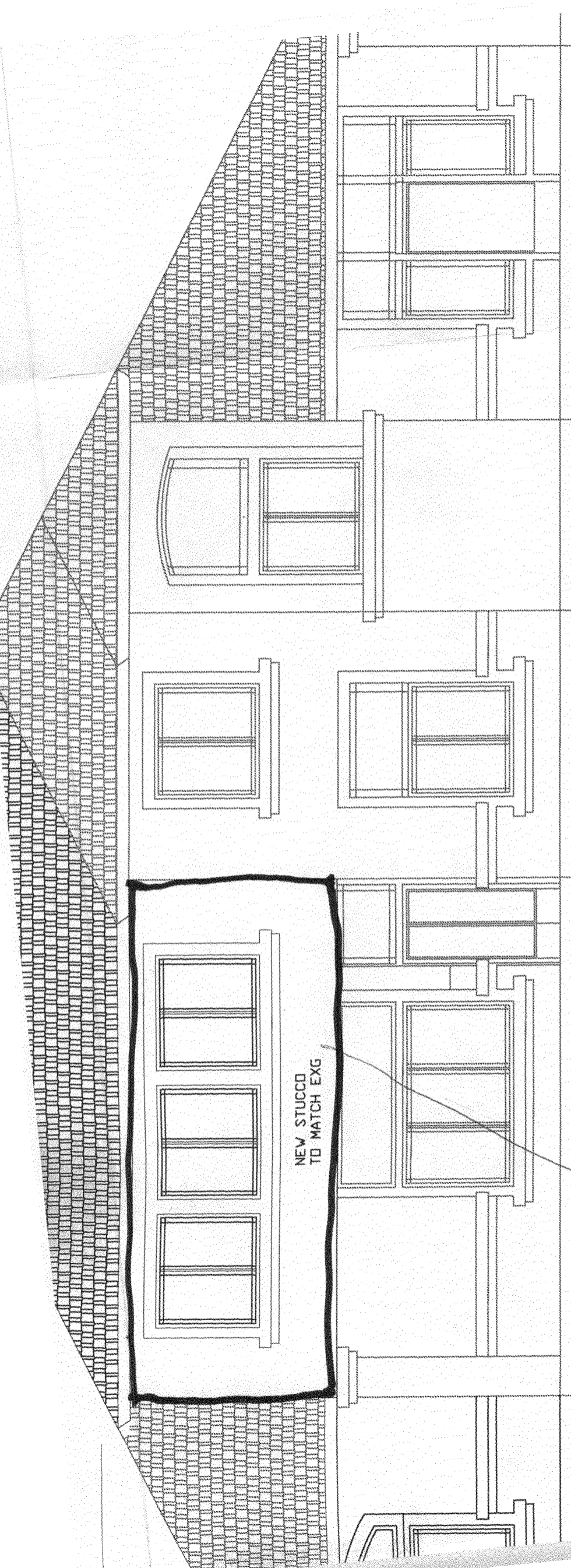
2nd Story Expansion

*Accepted Per Change Above*

SCALE 1 : 518



ACCEPTED PER CHANGE ABOVE  
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.



PROPOSED  
FRONT ELEVATION

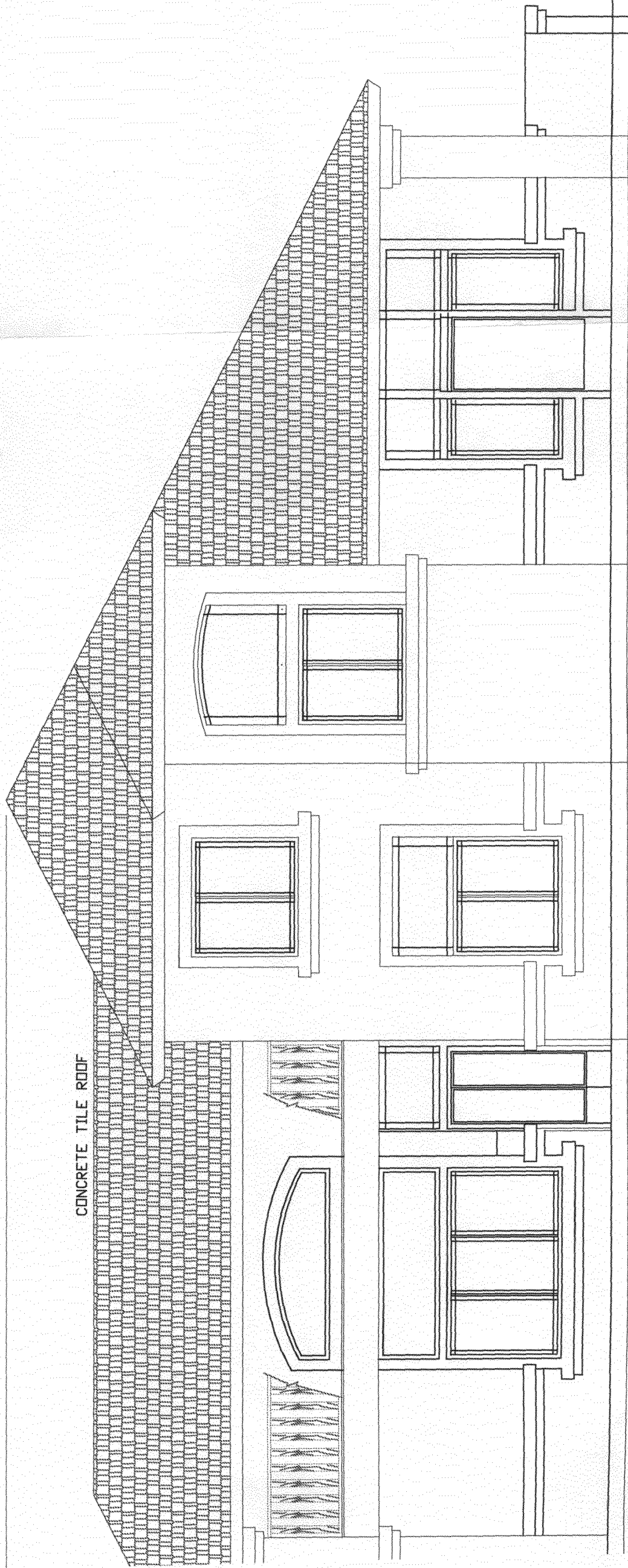
1/4" = 1'-0"

2  
A2.0

NEW STUCCO  
TO MATCH EXG

*Over Existing  
Concrete Form*

ACCEPTED *for change 2/10/10*  
ANY CHANGE OF SETBACKS MUST BE  
APPROVED BY THE CITY PLANNING DIVISION.  
IT IS THE APPLICANT'S RESPONSIBILITY TO  
PROPERLY LOCATE AND IDENTIFY  
PROPERTY.



CONCRETE TILE ROOF

EXISTING  
FRONT ELEVATION

2