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

BLDG PERMIT NO. _____

EXISTING HOOT.
33758-0

Building Address 2017 Rosette Ct
 Parcel No. 2947-223-32-005
 Subdivision Tiara West Estates
 Filing _____ Block _____ Lot _____

No. of Existing Bldgs 1 No. Proposed _____
 Sq. Ft. of Existing Bldgs _____ Sq. Ft. Proposed _____
 Sq. Ft. of Lot / Parcel 23,958
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) 4001 + 308 + 983 = 5292
 Height of Proposed Structure _____

OWNER INFORMATION:

Name Brian Bansley
 Address 2017 Rosette Ct
 City / State / Zip BT, MD

DESCRIPTION OF WORK & INTENDED USE:

New Single Family Home (*check type below)
 Interior Remodel
 Addition 983 sq ft
 Other (please specify): _____

APPLICANT INFORMATION:

Name Same
 Address _____
 City / State / Zip _____
 Telephone 970-234-9596

***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 R-2 Maximum coverage of lot by structures 30
 SETBACKS: Front 20 from property line (PL) Permanent Foundation Required: YES NO _____
 Side 15 from PL Rear 30 from PL Floodplain Certificate Required: YES _____ NO
 Maximum Height of Structure(s) 35 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 4-8/10
 Planning Approval [Signature] Date 4/8/10

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No.
Utility Accounting <u>[Signature]</u>	Date <u>4/8/10</u>		

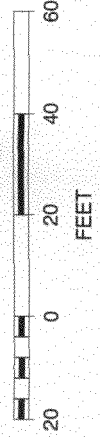
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.4 Grand Junction Zoning & Development Code)
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

PAID
TB

City of Grand Junction GIS Zoning Map ©



SCALE 1 : 442



ACCEPTED *L. L. Regan*
ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DIVISION AS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY