

TCP \$
Drainage \$
SIF\$
Inspection \$

Planning \$ 10
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 453 31/4 WHITETAIL LN
 Parcel No. 2947-271-12-000
 Subdivision THE SEASONS AT TIARA Pkwy
 Filing 4 Block _____ Lot _____

Multifamily Only:
 No. of Existing Units _____ No. Proposed _____
 Sq. Ft. of Existing _____ Sq. Ft. Proposed _____
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) _____

OWNER INFORMATION:

Name SEASONS HOA
 Address 477 SEASONS DR.
 City / State / Zip G.J. 81507

DESCRIPTION OF WORK & INTENDED USE:

Remodel Change of Use (*Specify uses below)
 Addition Change of Business
 Other: pump HOUSE

APPLICANT INFORMATION:

Name PETE DICKES
 Address 450 WHITETAIL LN
 City / State / Zip G.J. 81507
 Telephone 970 255-8649

*** FOR CHANGE OF USE:**

*Existing Use: pump
 *Proposed Use: small house around pump

PAID

Estimated Remodeling Cost \$ _____ JUL 07 2010

Current Fair Market Value of Structure \$ _____ RS

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)	Landscaping/Screening Required: YES _____ NO _____
Side _____ from PL Rear _____ from PL	Parking Requirement _____
Maximum Height of Structure(s) _____	Floodplain Certificate Required: YES _____ NO _____
Voting District _____	Special Conditions: _____
Ingress / Egress 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 [Signature] Date 7-7-10

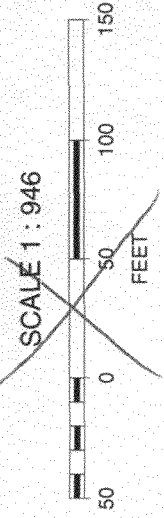
Planning Approval [Signature] Date 7-7-10

Additional water and/or sewer tap fee(s) are required: YES _____ NO _____ W/O No. no water - no sewer

Utility Accounting [Signature] Date 7-7-10

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)

City of Grand Junction GIS Zoning Map ©



ACCEPTED *[Signature]*
 ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DIVISION. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY PARCELS AND PROPERTY LINES.

