

DATE SUBMITTED: 12-9-87

PERMIT # _____
FEE \$500

SIGN PERMIT

GRAND JUNCTION PLANNING DEPARTMENT

BUSINESS NAME: ASSOCIATED CHIROPRACTIC CLINIC

BUSINESS ADDRESS: 940 COLORADO

STREET FRONTAGE: FRONT 60⁵⁰ FT. SIDE _____ FT.

BUILDING FRONTAGE: FRONT 50 FT. SIDE _____ FT.

TRAFFIC LANE: FRONT 2 LANE FT. SIDE _____ FT.

HEIGHT OF SIGN: 7'-6" FT. CLEARANCE TO GRADE: _____ FT.

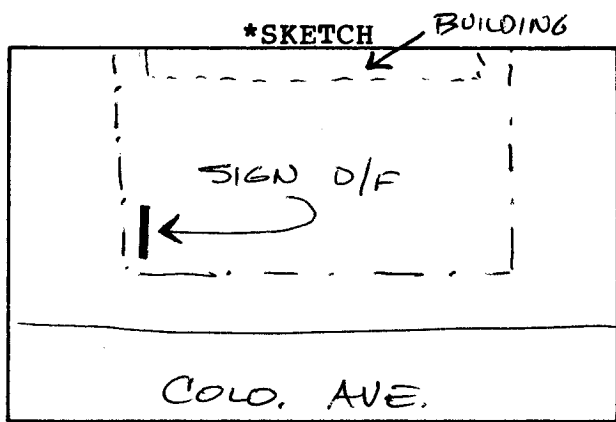
AREA OF SIGN: 32 SQ. FT. AREA OF EXISTING SIGNS: 0 SQ. FT.

TOTAL ALLOWED AREA: FRONT 45^{57.5} SQ. FT. SIDE _____ SQ. FT.

TYPE OF SIGN

- ON PREMISE
- OFF PREMISE
- FREE STANDING
- PROJECTING
- ROOF
- FLUSH WALL
- ILLUMINATED
- OTHER

COMMENTS _____



*Include: Streets, Property Lines, Proposed Sign Location.

PROPERTY OWNER: MARC W. SINCLAIR

ADDRESS: 940 COLD. AVE.

CONTRACTOR: BUD'S SIGNS

ADDRESS: 1055 UTE

PHONE: 245 7700

[Signature]
Signature

APPROVED BY: [Signature]

DATE APPROVED: 12-9-87

- FINAL PERMIT
- WILL REQUIRE SEPARATE PERMIT