



SIGN CLEARANCE

Community Development Department
250 North 5th Street
Grand Junction, CO 81501
(970) 244-1430

Clearance No. 105377
Date Submitted 5-27-98
FEE \$ 25.00
Tax Schedule 2945-123-21-007
Zone C-1

BUSINESS NAME The Sewing Machine Doctor CONTRACTOR Canvas Products Co
STREET ADDRESS 1460 North Ave LICENSE NO. 2980181
PROPERTY OWNER Ryan Gorman ADDRESS 580 26 Road
OWNER ADDRESS 1025 Main Street TELEPHONE NO. 242-753

- 1. FLUSH WALL 2 Square Feet per Linear Foot of Building Facade
- 2. ROOF 2 Square Feet per Linear Foot of Building Facade
- 3. FREE-STANDING 2 Traffic Lanes - 0.75 Square Feet x Street Frontage
4 or more Traffic Lanes - 1.5 Square Feet x Street Frontage
- 4. PROJECTING 0.5 Square Feet per each Linear Foot of Building Facade
- 5. OFF-PREMISE See #3 Spacing Requirements; Not > 300 Square Feet or < 15 Square Feet

Externally Illuminated Internally Illuminated Non-Illuminated

- (1 - 5) Area of Proposed Sign 24 Square Feet
- (1,2,4) Building Facade 35 Linear Feet *total of 62' at widest pt.*
- (1 - 4) Street Frontage 80 Linear Feet
- (2,4,5) Height to Top of Sign _____ Feet Clearance to Grade _____ Feet
- (5) Distance from all Existing Off-Premise Signs within 600 Feet _____ Feet

Existing Signage/Type:	
<u>None on North Ave</u>	<u>32</u> Sq. Ft.
<u>(15)</u>	<u>304</u> Sq. Ft.
	Sq. Ft.
Total Existing:	Sq. Ft.

● FOR OFFICE USE ONLY ●	
Signage Allowed on Parcel:	
Building	<u>124</u> Sq. Ft.
Free-Standing	<u>120</u> Sq. Ft.
Total Allowed:	<u>124</u> Sq. Ft.

COMMENTS: _____

NOTE: No sign may exceed 300 square feet. A separate sign clearance is required for each sign. Attach a sketch of proposed and existing signage including types, dimensions, lettering, abutting streets, alleys, easements, property lines, and locations. **A SEPARATE PERMIT FROM THE BUILDING DEPARTMENT IS REQUIRED.**

[Signature] 5-27-98 Kathleen M. Porter 5/27/98
Applicant's Signature Date Community Development Approval Date

(White: Community Development) (Canary: Applicant) (Pink: Building Dept) (Goldenrod: Code Enforcement)

Purchase Order # _____

Date 5-12-98

Name The Sewing Machine Doctor

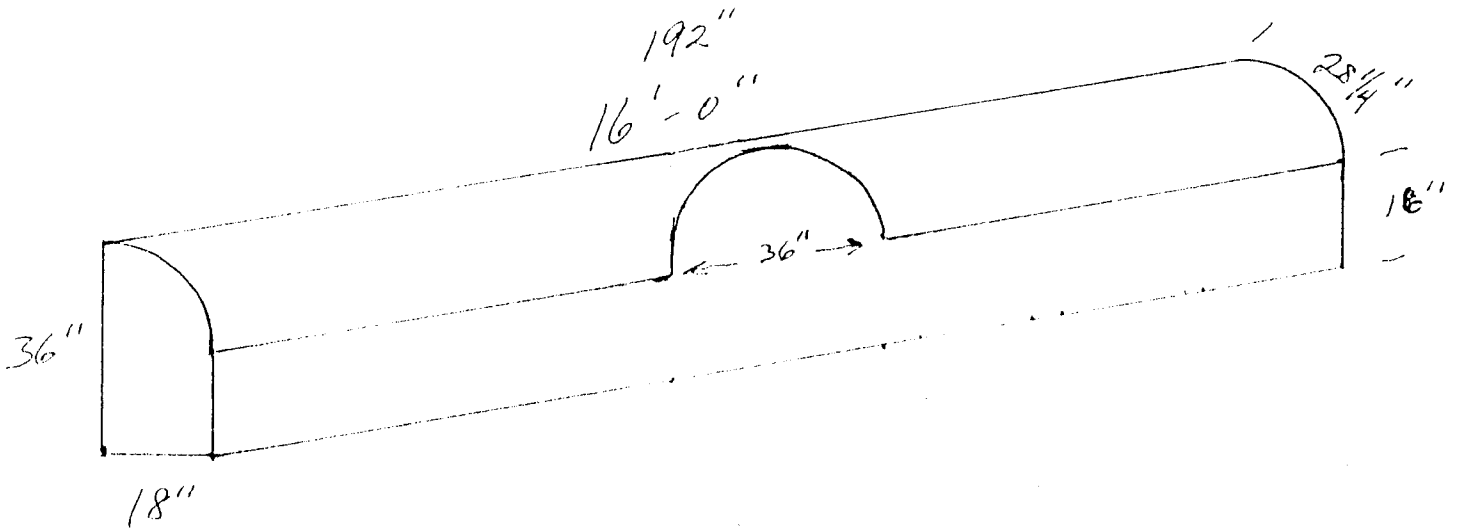
Phone _____

Address _____

Quote _____

Promised By _____

Instructions:



*Ordered 8 yds
5-18-98*

Operator _____
Notified _____

Time _____
Material _____
Tax _____
Total _____

Canvas Products Co
 580 25 Road
 242-1453
 Tom Dykstra

Site Plan

The Sewing Machine Doctor
 1460 North Ave
 242-2215
 Gary Erickson

