



SIGN CLEARANCE

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

Handwritten initials

Clearance No.	_____
Date Submitted	<u>3/15/02</u>
Fee \$	<u>25.00</u>
Zone	<u>B-2</u>

TAX SCHEDULE	<u>2945-144-06-003</u>	CONTRACTOR	<u>ANGEL SIGN CO.</u>
BUSINESS NAME	<u>APPLIED CHIROPRACTIC HEALTH CENTER</u>	LICENSE NO.	<u>2010-716</u>
STREET ADDRESS	<u>315 N. 7th</u>	ADDRESS	<u>540 N. WESTGATE DR #C</u>
PROPERTY OWNER	<u>George Wheeler</u>	TELEPHONE NO.	<u>244 8434</u>
OWNER ADDRESS	<u>3045 Teller Ave 81504</u>	CONTACT PERSON	<u>DENZIL HARWARD</u>

<input checked="" type="checkbox"/> 1. FLUSH WALL	2 Square Feet per Linear Foot of Building Facade
<input type="checkbox"/> 2. ROOF	2 Square Feet per Linear Foot of Building Facade
<input type="checkbox"/> 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
<input type="checkbox"/> 4. PROJECTING	0.5 Square Feet per each Linear Foot of Building Facade
<input type="checkbox"/> 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: 20 Square Feet

(1,2,4) Building Façade: 50 Linear Feet

(1 - 4) Street Frontage: 50 Linear Feet

2 - 5) Height to Top of Sign: 14 Feet Clearance to Grade: 12 Feet

(5) Distance from all Existing Off-Premise Signs within 600 Feet: _____ Feet

EXISTING SIGNAGE/TYPE:	
<u>FLUSH WALL</u>	<u>16</u> Sq. Ft.
<u>FLUSH WALL</u>	<u>48</u> Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	<u>64</u> Sq. Ft.

● FOR OFFICE USE ONLY ●	
Signage Allowed on Parcel:	
Building	<u>100</u> Sq. Ft.
Free-Standing	<u>37.5</u> Sq. Ft.
Total Allowed:	<u>100</u> Sq. Ft.

COMMENTS: We are making + installing 2' x 10' ~~table~~ sign box with face. He intends to hire an electrician to wire it for internal lighting.

NOTE: No sign may exceed 300 square feet. A separate sign clearance is required for each sign. Attach a sketch, to scale, of proposed and existing signage including types, dimensions and lettering. Attach a plot plan, to scale, showing: abutting streets, alleys, easements, driveways, encroachments, property lines, distances from existing buildings to proposed signs and required setbacks. **A SEPARATE PERMIT FROM THE BUILDING DEPARTMENT IS ALSO REQUIRED.**

I hereby attest that the information on this form and the attached sketches are true and accurate.

Denzil Harward 3/13/02 Clare Nelson 3/19/02
Applicant's Signature Date Community Development Approval Date

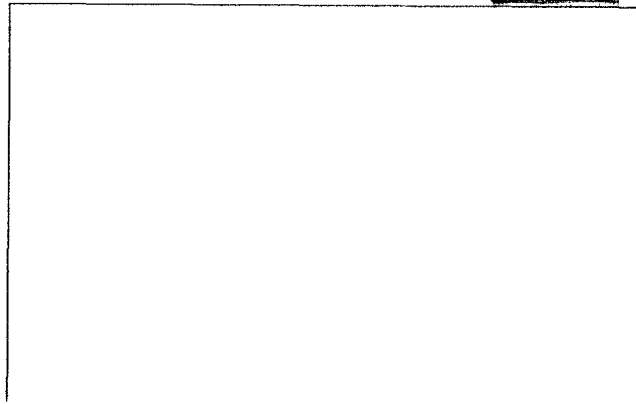
(White: Community Development) (Canary: Applicant) (Pink: Building Dept) (Goldenrod: Code Enforcement)

APPLIED CHIROPRACTIC
HEALTH CENTER

7TH STREET

N —

ALLEY



PROPOSED
SIGN

PARKING LOT

50'

DR. THOMAS FOOTE

APPLIED CHIROPRACTIC HEALTH CENTER

Chiropractor

• SPORT

• ACUPUNCTURE

10'