

SIGN CLEARANCE

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

Clearance No. _____
Date Submitted 11-24-03
Fee \$ 25.00
Zone F-1

TAX SCHEDULE 2943-182-00-087
BUSINESS NAME OMNI Hospital SUPS.
STREET ADDRESS 475 28 1/2 ROAD
PROPERTY OWNER ROGER KING
OWNER ADDRESS 475 28 1/2 RD

CONTRACTOR SIGNS FIRST
LICENSE NO. 2030712
ADDRESS 950 NORTH AVE.
TELEPHONE NO. 256-1877
CONTACT PERSON BRIAN TAP

- 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: 18 Square Feet
- (1,2,4) Building Façade: 258 Linear Feet
- (1 - 4) Street Frontage: 365 Linear Feet
- (2 - 5) Height to Top of Sign: 6' Feet Clearance to Grade: 3' Feet
- (5) Distance from all Existing Off-Premise Signs within 600 Feet: — Feet

EXISTING SIGNAGE/TYPE:

_____	_____	Sq. Ft.
_____	_____	Sq. Ft.
_____	_____	Sq. Ft.
_____	_____	Sq. Ft.
Total Existing: <u>0</u>		Sq. Ft.

● FOR OFFICE USE ONLY ●

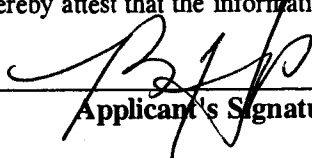

Signage Allowed on Parcel:

Building	<u>516</u>	Sq. Ft.
Free-Standing	<u>273.75</u>	Sq. Ft.
Total Allowed:	<u>273.75</u>	Sq. Ft.

COMMENTS:

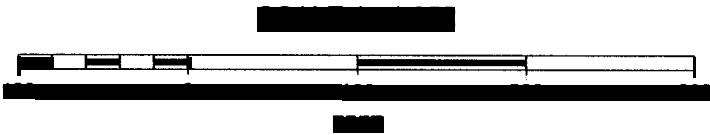
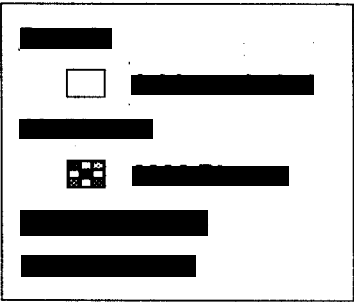
NOTE: No sign may exceed 300 square feet. A separate sign clearance is required for each sign. Attach a sketch, to scale, of proposed and existing signage including types, dimensions and lettering. Attach a plot plan, to scale, showing: abutting streets, alleys, easements, driveways, encroachments, property 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.

	<u>11/19/03</u>		<u>11-24-03</u>
Applicant's Signature	Date	Community Development Approval	Date

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

SIGN
10' FROM
EDGE OF PROPERTY



OWEN

HOSPITAL SERVICES

475 28 1/2 ROAD



3'



6'

3'