



SIGN CLEARANCE

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

②

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Clearance No.	_____
Date Submitted	<u>3-17-05</u>
Fee \$	<u>2500</u>
Zone	<u>PD</u>

TAX SCHEDULE _____	CONTRACTOR <u>BUD'S SIGNS</u>
BUSINESS NAME <u>ST. MARY'S HOSPITAL</u>	LICENSE NO. <u>2050128</u>
STREET ADDRESS <u>425 PATTERSON</u>	ADDRESS <u>1055 UTE</u>
PROPERTY OWNER _____	TELEPHONE NO. <u>245-7700</u>
OWNER ADDRESS <u>SAME</u>	CONTACT PERSON <u>BUD PREUSS</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: 21.64 Square Feet

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

(1 - 4) Street Frontage: _____ Linear Feet ON FILE

(2 - 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:

_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	_____ Sq. Ft.

● FOR OFFICE USE ONLY ●

Signage Allowed on Parcel:

Building	_____ Sq. Ft.
Free-Standing	_____ Sq. Ft.
Total Allowed:	_____ Sq. Ft.

COMMENTS: SEE MASTER FILE (as revised 3/15/2005)

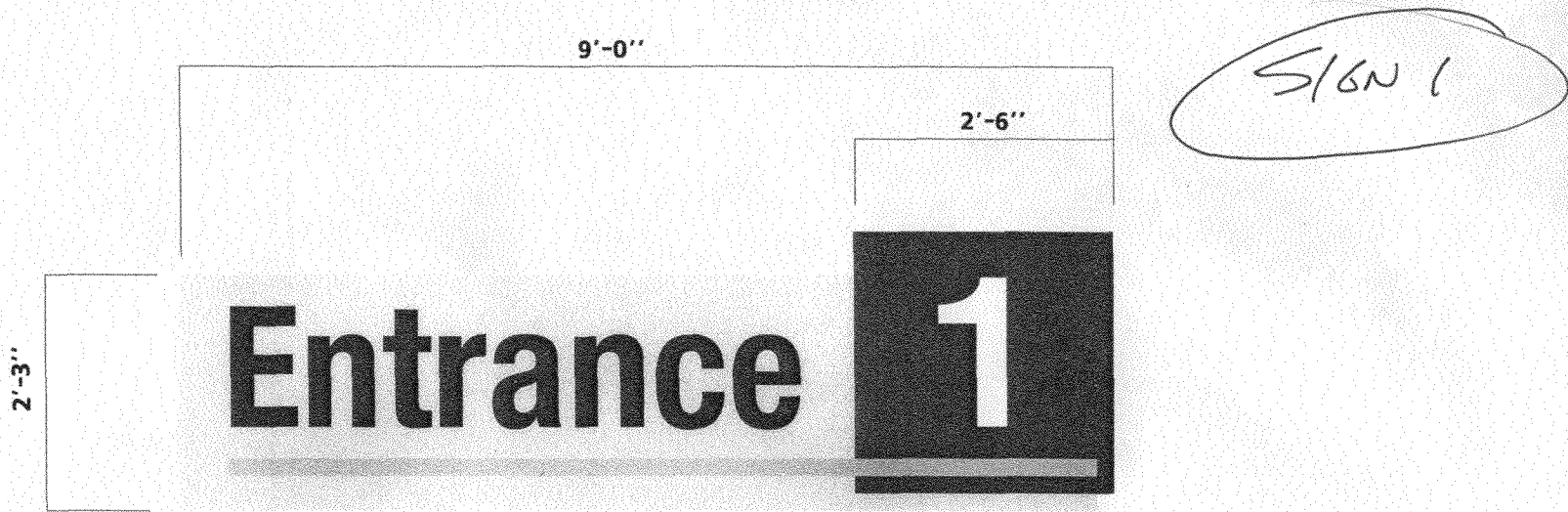
NOTE: No sign may exceed 300 square feet. A separate sign clearance is required for each sign. Attach a sketch, to scale, of proposed and existing signage including types, dimensions and lettering. Attach a plot plan, to scale, showing: abutting streets, alleys, easements, driveways, encroachments, property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

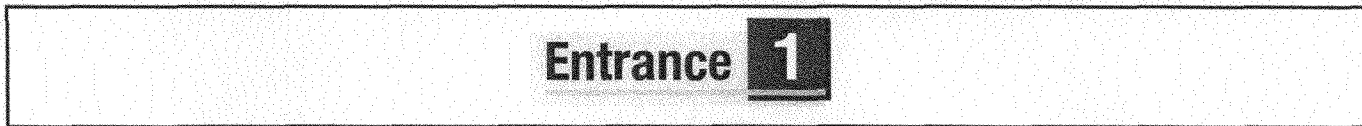
[Signature] 3/17/05 [Signature] 4/11/2005

Applicant's Signature Date Community Development Approval Date

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



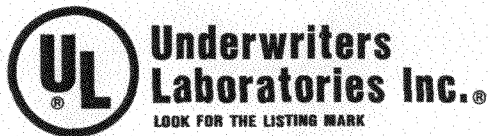
ILLUMINATED CUSTOM WALL SIGN



ELEVATION

INSTALLED ON CANOPY FACIA
(2 NEEDED)

- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS





SIGN CLEARANCE

Community Development Department
250 North 5th Street
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2

Clearance No.	_____
Date Submitted	<u>3/17/05</u>
Fee \$	<u>5.00</u>
Zone	<u>1D</u>

TAX SCHEDULE _____	CONTRACTOR <u>BUD'S SIGNS</u>
BUSINESS NAME <u>ST. MARY'S HOSPITAL</u>	LICENSE NO. <u>2050128</u>
STREET ADDRESS <u>425 PATTERSON</u>	ADDRESS <u>1055 UTE</u>
PROPERTY OWNER _____	TELEPHONE NO. <u>245-7700</u>
OWNER ADDRESS <u>SAME</u>	CONTACT PERSON <u>BUD</u>

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. FLUSH WALL | 2 Square Feet per Linear Foot of Building Façade |
| <input type="checkbox"/> 2. ROOF | 2 Square Feet per Linear Foot of Building Façade |
| <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 Façade |
| <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: 21.64 Square Feet

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

(1 - 4) Street Frontage: _____ Linear Feet

(2 - 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:	
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	_____ Sq. Ft.

● FOR OFFICE USE ONLY ●	
Signage Allowed on Parcel:	
Building	_____ Sq. Ft.
Free-Standing	_____ Sq. Ft.
Total Allowed:	_____ Sq. Ft.

COMMENTS: SEE MASTER FILE (has revised 3/15/2005)

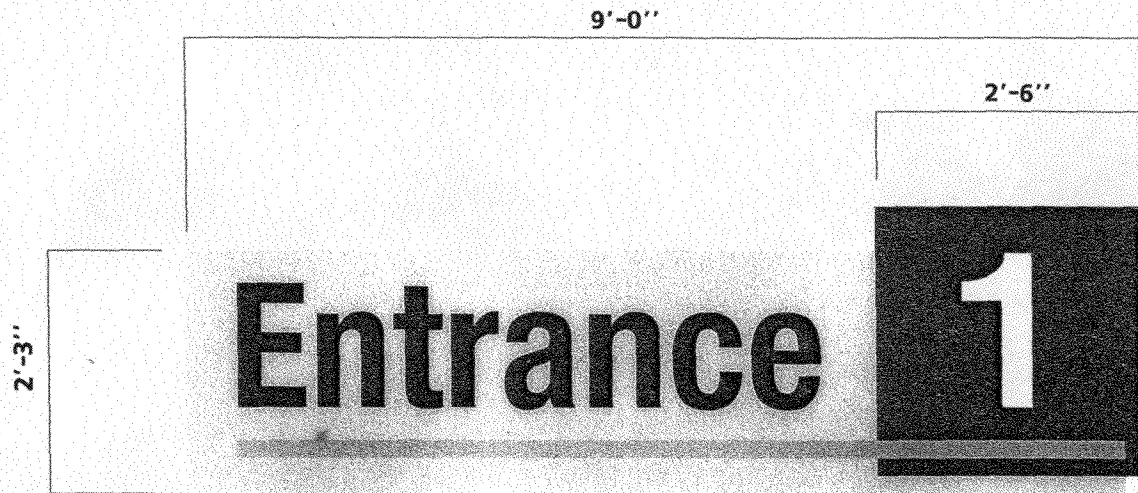
NOTE: No sign may exceed 300 square feet. A separate sign clearance is required for each sign. Attach a sketch, to scale, of proposed and existing signage including types, dimensions and lettering. Attach a plot plan, to scale, showing: abutting streets, alleys, easements, driveways, encroachments, property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

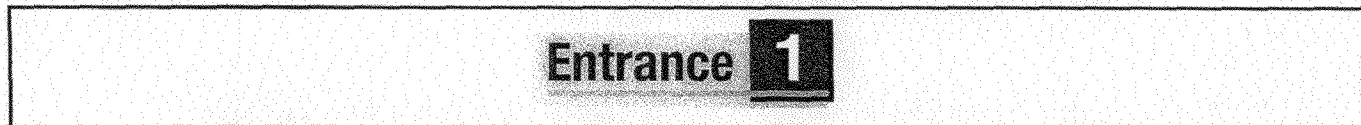
[Signature] 3/17/05 Lisa C. Cay 4/11/2005

Applicant's Signature Date Community Development Approval Date

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

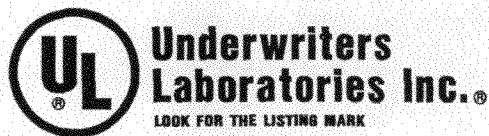


ILLUMINATED CUSTOM WALL SIGN



ELEVATION

INSTALLED ON CANOPY FACIA
(2 NEEDED)



- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS





SIGN CLEARANCE

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

3

Clearance No.	_____
Date Submitted	3/17/05
Fee \$	_____
Zone	_____

TAX SCHEDULE	_____	CONTRACTOR	Buo's SIGNS
BUSINESS NAME	ST. MARY'S HOSPITAL	LICENSE NO.	2050128
STREET ADDRESS	425 PATTERSON	ADDRESS	1055 UTE
PROPERTY OWNER	SAME	TELEPHONE NO.	245-7700
OWNER ADDRESS	_____	CONTACT PERSON	BUD

<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: 27.45 Square Feet
 (1,2,4) Building Façade: _____ Linear Feet
 (1 - 4) Street Frontage: _____ Linear Feet
 (2 - 5) Height to Top of Sign: _____ Feet Clearance to Grade: _____ Feet
 (5) Distance from all Existing Off-Premise Signs within 600 Feet: _____ Feet

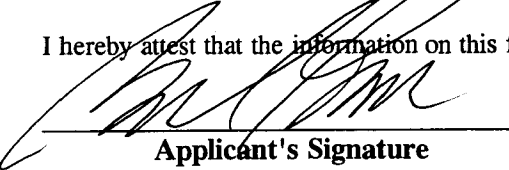
EXISTING SIGNAGE/TYPE:	
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	_____ Sq. Ft.

● FOR OFFICE USE ONLY ●	
Signage Allowed on Parcel:	
Building	_____ Sq. Ft.
Free-Standing	_____ Sq. Ft.
Total Allowed:	_____ Sq. Ft.

COMMENTS: SEE MASTER FILE (As revised 3/15/2005)

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.


3/17/05
Lisa C. Cox
4/11/2005

Applicant's Signature
Date
Community Development Approval
Date

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

SIGN 3

11'-9"

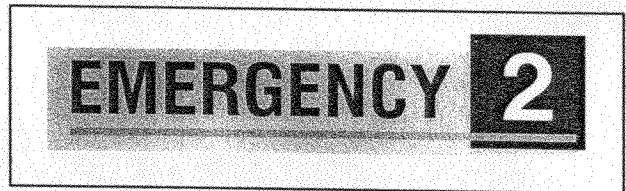
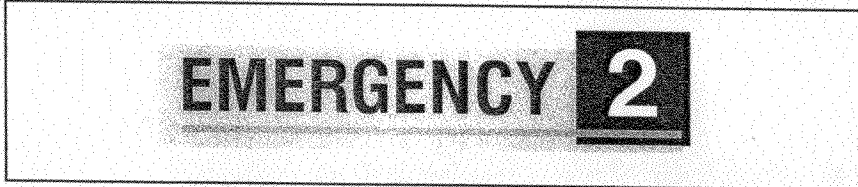
2'-6"

2'-3"

EMERGENCY

2

ILLUMINATED CUSTOM WALL SIGN



ELEVATION

INSTALLED ON CANOPY FACIA
(2 NEEDED)



- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS





SIGN CLEARANCE

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

SIGN (4)

Clearance No.	_____
Date Submitted	3/17/05
Fee \$	_____
Zone	_____

TAX SCHEDULE	_____	CONTRACTOR	BUD'S SIGNS
BUSINESS NAME	ST. MARY'S HOSPITAL	LICENSE NO.	2050128
STREET ADDRESS	425 PATTERSON	ADDRESS	1055 UTE
PROPERTY OWNER	SAME	TELEPHONE NO.	245-7700
OWNER ADDRESS	_____	CONTACT PERSON	BUD

- | | | |
|-------------------------------------|------------------|--|
| <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: 27.45 Square Feet

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

(1 - 4) Street Frontage: _____ Linear Feet

(2 - 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:

_____	_____	Sq. Ft.
_____	_____	Sq. Ft.
_____	_____	Sq. Ft.
_____	_____	Sq. Ft.
Total Existing:		_____ Sq. Ft.

● FOR OFFICE USE ONLY ●

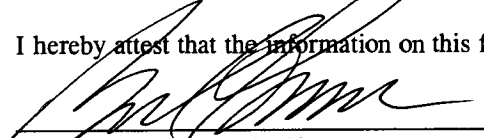
Signage Allowed on Parcel:

Building	_____	Sq. Ft.
Free-Standing	_____	Sq. Ft.
Total Allowed:	_____	Sq. Ft.

COMMENTS: See Master Plan as revised 3/15/2005

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.


3/17/05
Lisa Cox
4/11/2005

Applicant's Signature Date Community Development Approval Date

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

SIGN ④

11'-9"

2'-6"

2'-3"

EMERGENCY

2

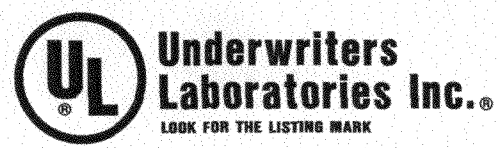
ILLUMINATED CUSTOM WALL SIGN

EMERGENCY 2

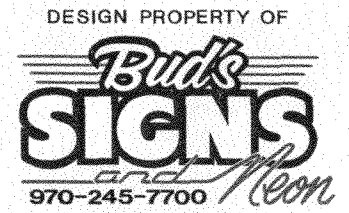
EMERGENCY 2

ELEVATION

INSTALLED ON CANOPY FACIA
(2 NEEDED)



- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS





SIGN CLEARANCE

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

SIGN (5)

Clearance No. _____
Date Submitted 3/17/05
Fee \$ _____
Zone _____

TAX SCHEDULE _____ CONTRACTOR BUD'S SIGNS
BUSINESS NAME ST. MARY'S HOSPITAL LICENSE NO. 2050128
STREET ADDRESS 425 PATTERSON ADDRESS 1055 UTE
PROPERTY OWNER _____ TELEPHONE NO. 245-7700
OWNER ADDRESS SAME CONTACT PERSON BUD

- 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: 16.71 ~~27.75~~ Square Feet
(1,2,4) Building Façade: _____ Linear Feet
(1 - 4) Street Frontage: _____ Linear Feet
(2 - 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:

_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	_____ Sq. Ft.

● FOR OFFICE USE ONLY ●

Signage Allowed on Parcel:

Building	_____ Sq. Ft.
Free-Standing	_____ Sq. Ft.
Total Allowed:	_____ Sq. Ft.

COMMENTS: SEE MASTER FIVE (has reviewed 3/15/2005)

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.

[Signature] 3/17/05 Lisa C. Cox 4/11/2005
Applicant's Signature Date Community Development Approval Date

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

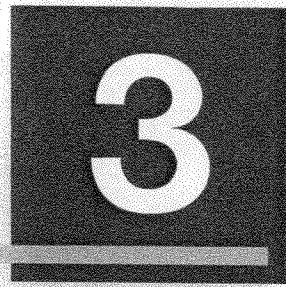
SIGN 5

7'-2"

24"

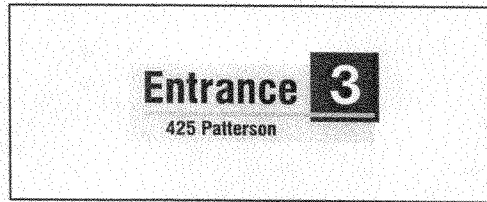
2'-3"

Entrance



425 Patterson

ILLUMINATED CUSTOM WALL SIGN



ELEVATION

INSTALLED ON CANOPY FACIA
(1 NEEDED)

- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS





SIGN CLEARANCE

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

SIGN (6)

Clearance No. _____
Date Submitted 3/17/05
Fee \$ _____
Zone _____

TAX SCHEDULE _____ CONTRACTOR BUD'S SIGNS
BUSINESS NAME ST. MARY'S HOSPITAL LICENSE NO. 2050128
STREET ADDRESS 425 PATTERSON ADDRESS 1055 UTE AVE.
PROPERTY OWNER SAME TELEPHONE NO. 245-7700
OWNER ADDRESS _____ CONTACT PERSON BUD

- 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: 14.37 Square Feet
(1,2,4) Building Façade: _____ Linear Feet
(1 - 4) Street Frontage: _____ Linear Feet
(2 - 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:

_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	_____ Sq. Ft.

● FOR OFFICE USE ONLY ●

Signage Allowed on Parcel:

Building	_____ Sq. Ft.
Free-Standing	_____ Sq. Ft.
Total Allowed:	_____ Sq. Ft.

COMMENTS: SEE MASTER FILE (M REVIEWED 3/15/2005)

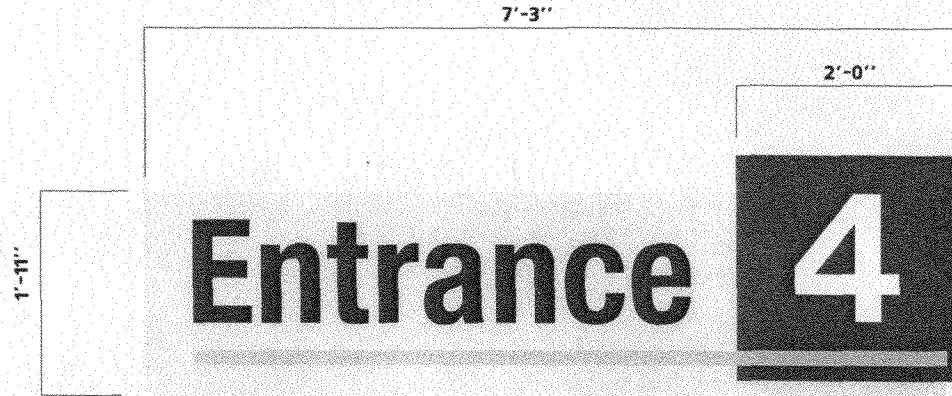
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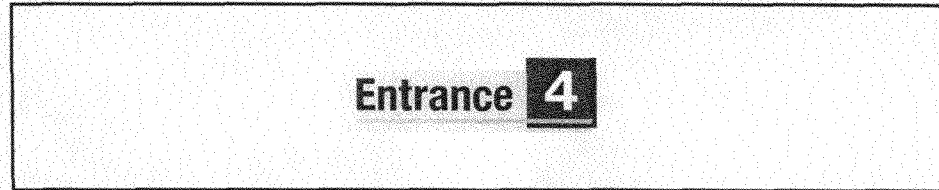
[Signature] 3/17/05 [Signature] 4/11/2005
Applicant's Signature Date Community Development Approval Date

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

SIGN 6



ILLUMINATED CUSTOM WALL SIGN



ELEVATION

INSTALLED ON CANOPY FACIA
(2 NEEDED)



- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS





SIGN CLEARANCE

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

SIGN 72

Clearance No.	_____
Date Submitted	3/17/05
Fee \$	_____
Zone	_____

TAX SCHEDULE	_____	CONTRACTOR	BUD'S SIGNS
BUSINESS NAME	ST. MARY'S HOSPITAL	LICENSE NO.	2050128
STREET ADDRESS	425 PATTERSON	ADDRESS	1055 UTE
PROPERTY OWNER	SAME	TELEPHONE NO.	245-7700
OWNER ADDRESS	_____	CONTACT PERSON	BUD

<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: 14.37 Square Feet

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

(1 - 4) Street Frontage: _____ Linear Feet

(2 - 5) Height to Top of Sign: _____ Feet Clearance to Grade: _____ Feet

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

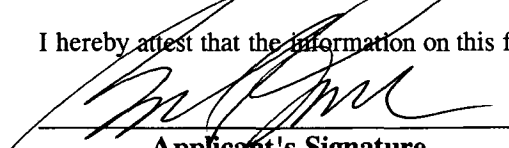
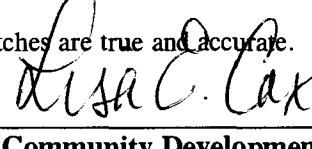
EXISTING SIGNAGE/TYPE:	
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	_____ Sq. Ft.

● FOR OFFICE USE ONLY ●	
Signage Allowed on Parcel:	
Building	_____ Sq. Ft.
Free-Standing	_____ Sq. Ft.
Total Allowed:	_____ Sq. Ft.

COMMENTS: SEE MASTER FILE (AS REVISED 3/15/2005)

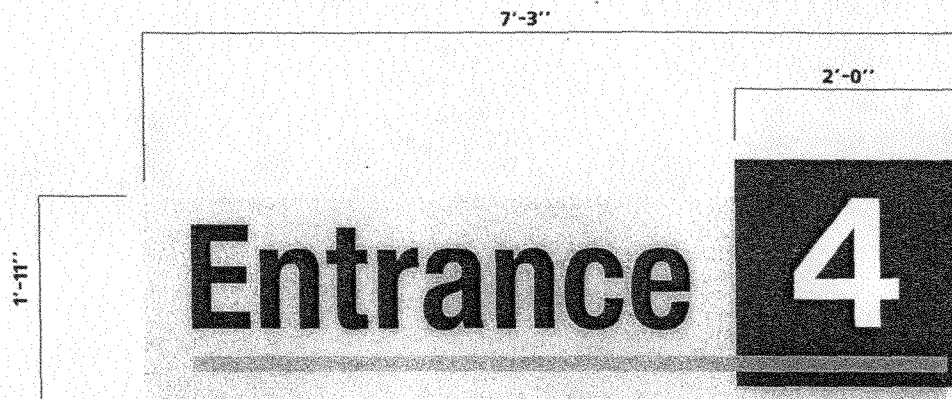
NOTE: No sign may exceed 300 square feet. A separate sign clearance is required for each sign. Attach a sketch, to scale, of proposed and existing signage including types, dimensions and lettering. Attach a plot plan, to scale, showing: abutting streets, alleys, easements, driveways, encroachments, property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

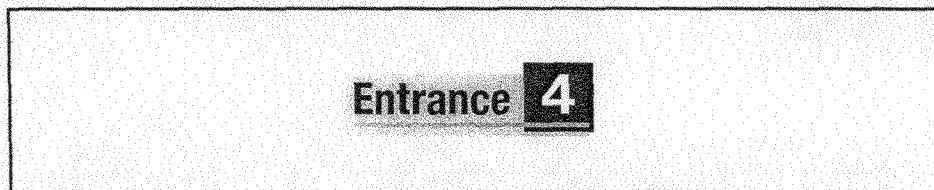

3/17/05

4/11/2005

Applicant's Signature
Date
Community Development Approval
Date

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

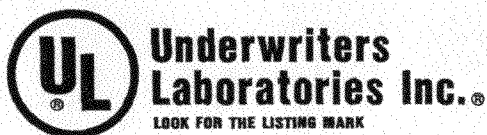


ILLUMINATED CUSTOM WALL SIGN



ELEVATION

INSTALLED ON CANOPY FACIA
(2 NEEDED)



- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS



516N (8)



SIGN CLEARANCE

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

Clearance No.	_____
Date Submitted	<u>3/17/05</u>
Fee \$	_____
Zone	_____

TAX SCHEDULE _____	CONTRACTOR <u>BUD'S SIGNS</u>
BUSINESS NAME <u>ST. MARY'S HOSPITAL</u>	LICENSE NO. <u>2050128</u>
STREET ADDRESS <u>425 PATTERSON</u>	ADDRESS <u>1055 UTE</u>
PROPERTY OWNER _____	TELEPHONE NO. <u>245-7700</u>
OWNER ADDRESS <u>SAME</u>	CONTACT PERSON <u>BUD</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: 16.71 Square Feet

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

(1 - 4) Street Frontage: _____ Linear Feet

(2 - 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:

_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	_____ Sq. Ft.

● FOR OFFICE USE ONLY ●

Signage Allowed on Parcel:

Building	_____ Sq. Ft.
Free-Standing	_____ Sq. Ft.
Total Allowed:	_____ Sq. Ft.

COMMENTS: SEE MASTER FILE (As received 3/15/2005)

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.

[Signature] 3/17/05 Lisa E. Cox 4/11/2005

Applicant's Signature Date Community Development Approval Date

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

7'-2"

SIGN 8

24"

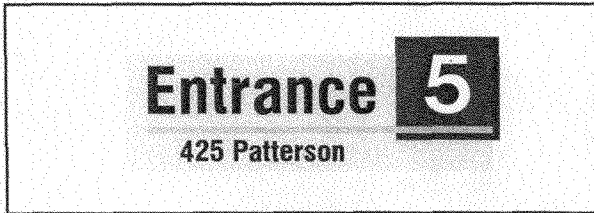
2'-3"

Entrance



425 Patterson

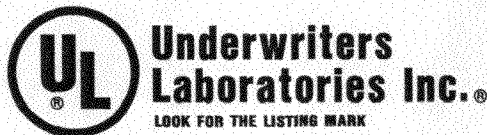
ILLUMINATED CUSTOM WALL SIGN



ELEVATION

INSTALLED ON CANOPY FACIA
(1 NEEDED)

- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS



DESIGN PROPERTY OF





SIGN CLEARANCE

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

SIGN 9

Clearance No.	_____
Date Submitted	<u>3/17/05</u>
Fee \$	_____
Zone	_____

TAX SCHEDULE	_____	CONTRACTOR	<u>BUD'S SIGNS</u>
BUSINESS NAME	<u>ST. MARY'S HOSPITAL</u>	LICENSE NO.	<u>2050128</u>
STREET ADDRESS	<u>425 PATTERSON</u>	ADDRESS	<u>1055 UTE</u>
PROPERTY OWNER	<u>SAME</u>	TELEPHONE NO.	<u>245-7700</u>
OWNER ADDRESS	_____	CONTACT PERSON	<u>BUD</u>

<input checked="" type="checkbox"/> 1. FLUSH WALL	2 Square Feet per Linear Foot of Building Facade
<input checked="" 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: 14.37 Square Feet
 (1,2,4) Building Façade: _____ Linear Feet
 (1 - 4) Street Frontage: _____ Linear Feet
 (2 - 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:

_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	_____ Sq. Ft.

● FOR OFFICE USE ONLY ●

Signage Allowed on Parcel:

Building	_____ Sq. Ft.
Free-Standing	_____ Sq. Ft.
Total Allowed:	_____ Sq. Ft.

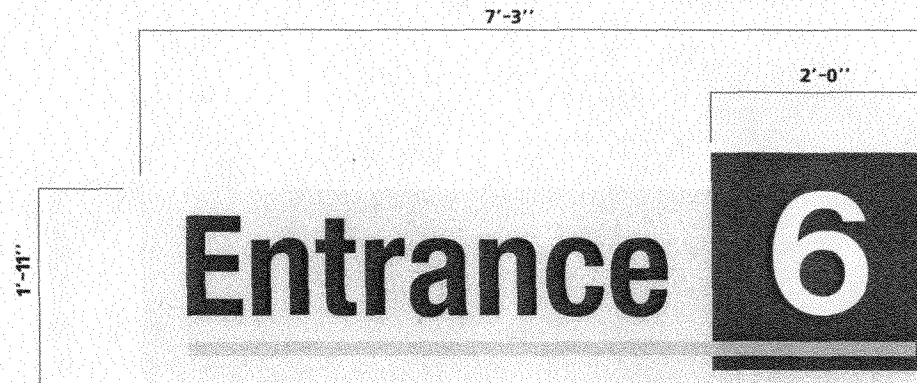
COMMENTS: SEE MASTER FILE (As received 3/15/2005)

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.

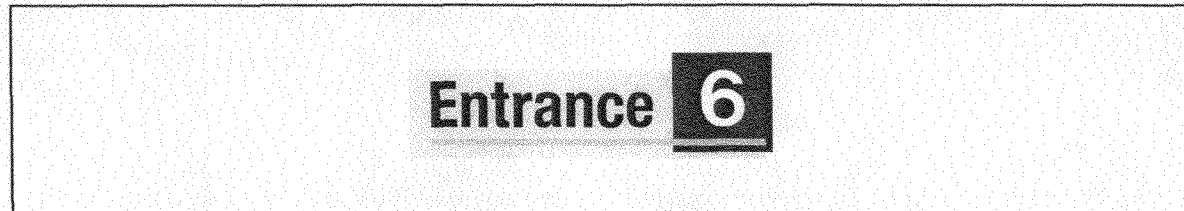
[Signature] 3/17/05 [Signature] 4/11/2005
 Applicant's Signature Date Community Development Approval Date

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



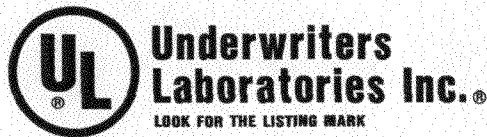
SIGN 9

ILLUMINATED CUSTOM WALL SIGN

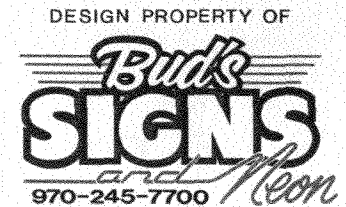


ELEVATION

INSTALLED ON CANOPY FACIA
(1 NEEDED)



- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS





SIGN CLEARANCE

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

SIGN (10)

Clearance No.	_____
Date Submitted	<u>3/17/05</u>
Fee \$	_____
Zone	_____

TAX SCHEDULE	_____	CONTRACTOR	<u>BUD'S SIGNS</u>
BUSINESS NAME	<u>ST. MARY'S HOSPITAL</u>	LICENSE NO.	<u>2050128</u>
STREET ADDRESS	<u>425 PATTERSON</u>	ADDRESS	<u>1055 UTE</u>
PROPERTY OWNER	<u>SAME</u>	TELEPHONE NO.	<u>245-7700</u>
OWNER ADDRESS	_____	CONTACT PERSON	<u>BUD</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: 5 Square Feet
 (1,2,4) Building Façade: _____ Linear Feet
 (1 - 4) Street Frontage: _____ Linear Feet
 (2 - 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:

_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
_____	_____ Sq. Ft.
Total Existing:	_____ Sq. Ft.

● FOR OFFICE USE ONLY ●

Signage Allowed on Parcel:

Building	_____ Sq. Ft.
Free-Standing	_____ Sq. Ft.
Total Allowed:	_____ Sq. Ft.

COMMENTS: SEE MASTER FILE (as received 3/15/2005)

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.

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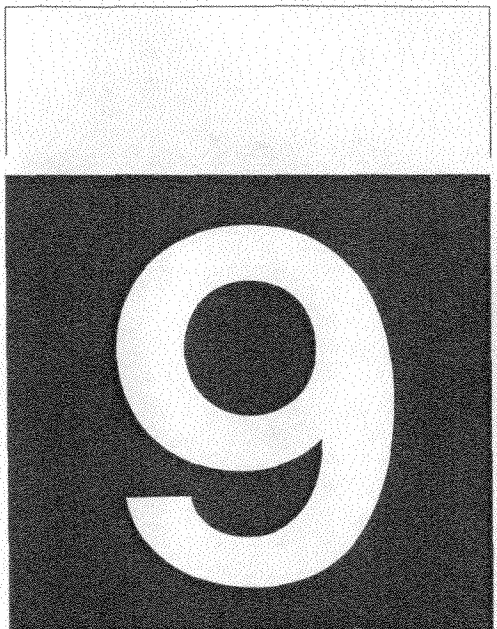
[Signature] 3/17/05 [Signature] 4/11/2005
 Applicant's Signature Date Community Development Approval Date

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

SIGN 10

2'-0"

2'-6"



Entrance

ILLUMINATED CUSTOM WALL SIGN

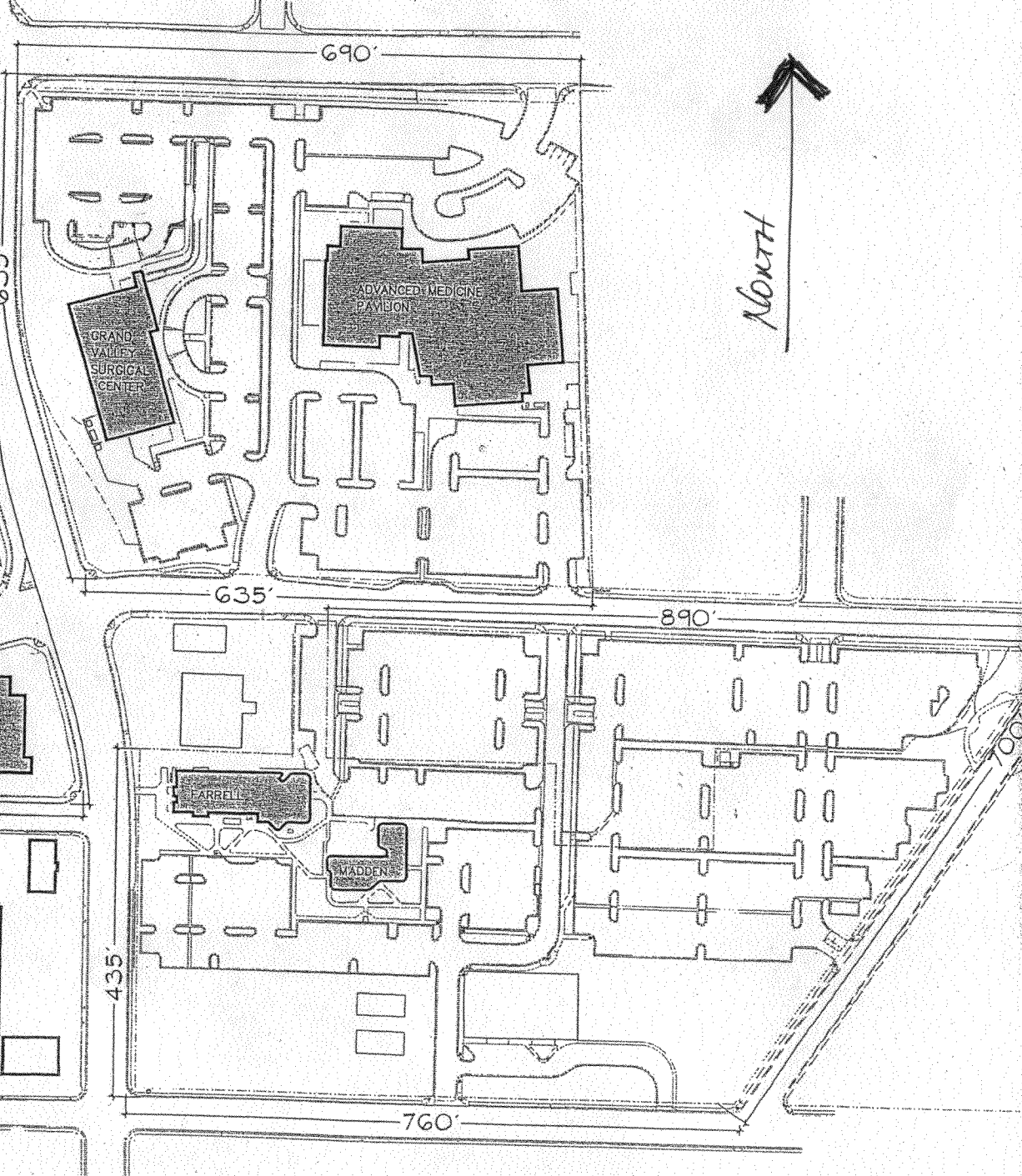
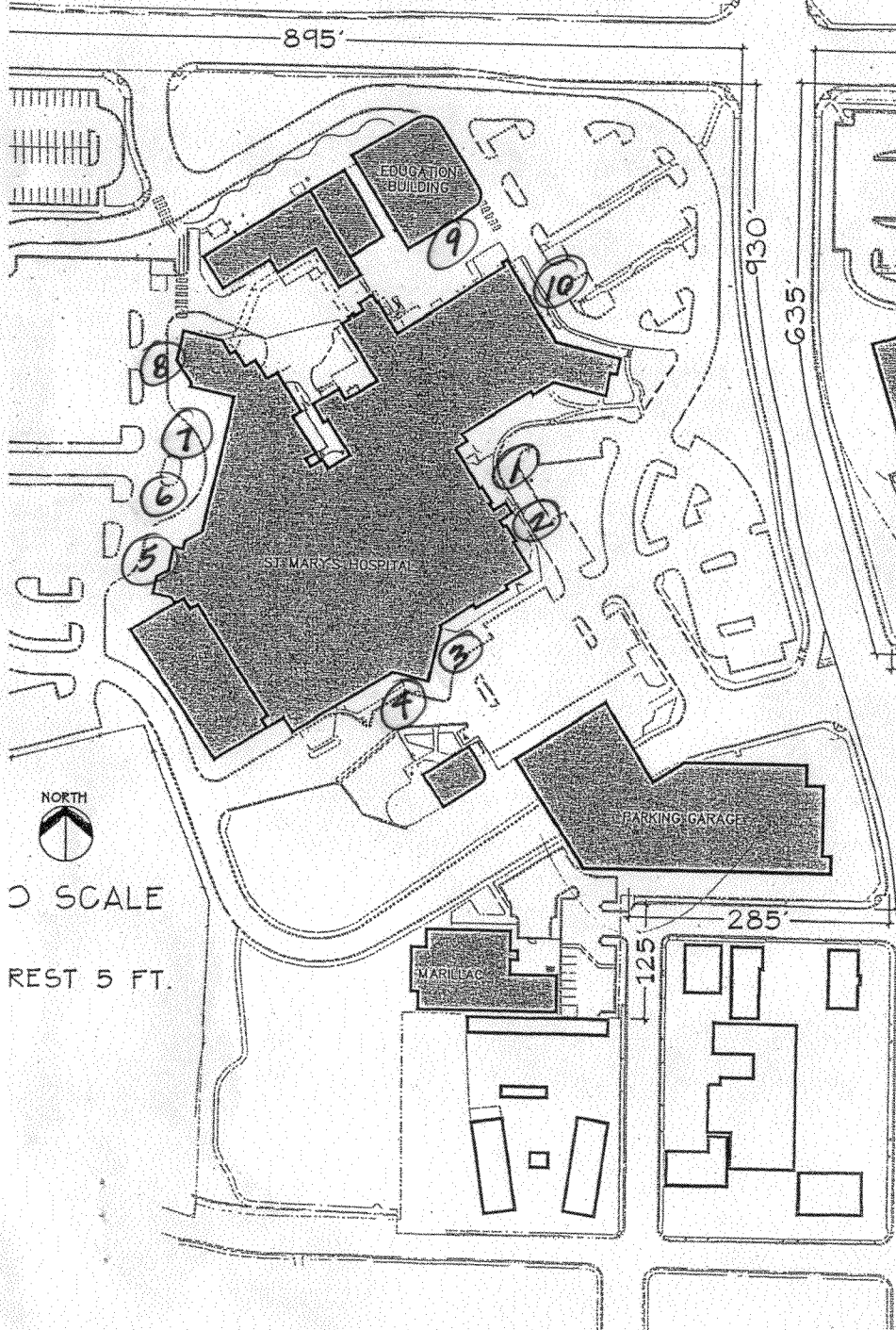


- .125 ALUMINUM CONSTRUCTION
- INTERNAL LOW VOLTAGE LED LIGHTING
- .125 ALUMINUM FACES WITH PLEX PUSH-THRU FACES
- HINGED FACES AT TOP FOR SERVICE
- EXTERIOR FINISH ACRYLIC ENAMEL
- INSTALLED WITH BLIND FASTENERS



MASTER

SITE PLAN



NORTH
SCALE
REST 5 FT.