

TCP \$
Drainage \$
SIF \$
Inspection \$

Planning \$ <u>10⁰⁰</u>
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)
Public Works & Planning Department

Building Address Niagara Village
 Parcel No. 2443-182-20-000
 Subdivision Niagara Village
 Filing _____ Block _____ Lot _____

Multifamily Only:
 No. of Existing Units _____ No. Proposed 48 SPT
 Sq. Ft. of Existing _____ Sq. Ft. Proposed _____
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) _____

OWNER INFORMATION:

Name Linda Rowland
 Address 495 W. Niagara Cir
81501
 City / State / Zip _____

DESCRIPTION OF WORK & INTENDED USE:

<input type="checkbox"/> Remodel	<input type="checkbox"/> Change of Use (*Specify uses below)
<input type="checkbox"/> Addition	<input type="checkbox"/> Change of Business
Other: <u>shed</u>	

APPLICANT INFORMATION:

Name _____
 Address _____
 City / State / Zip _____
 Telephone 243-2790

* FOR CHANGE OF USE:
 *Existing Use: _____
 *Proposed Use: Storage
 Estimated Remodeling Cost \$ _____
 Current Fair Market Value of Structure \$ 1,000⁰⁰

PAID
AUG 20 2009
RB

REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all existing & proposed structure location(s), parking, setbacks to all property lines, ingress/egress to the property, driveway location & width & all easements & rights-of-way which abut the parcel.

THIS SECTION TO BE COMPLETED BY PLANNING STAFF	
ZONE <u>PD</u>	Maximum coverage of lot by structures _____
SETBACKS: Front _____ from property line (PL)	Landscaping/Screening Required: YES _____ NO _____
Side _____ from PL Rear _____ from PL	Parking Requirement _____
Maximum Height of Structure(s) _____	Floodplain Certificate Required: YES _____ NO _____
Voting District _____	Special Conditions: <u>see plan</u>
Ingress / Egress Location Approval _____	(Engineer's Initials)

Modifications to this Planning Clearance must be approved, in writing, by the Public Works & Planning Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building Department.

I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature Linda S. Rowland Date 8-30-09
 Planning Approval Wendy Spure Date 8/20/09

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>none</u>
Utility Accounting <u>Rowland</u>	Date <u>8/20/09</u>		

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.4 Grand Junction Zoning & Development Code)
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

Fast Entrance

Picnic Table
Trashcan

Playground

Trashcan

Trailer

Sidewalk →

Shed

security light

small tree

Bench

Basketball Court

