

DATE SUBMITTED: 12/6/88

PERMIT # 31947

FEE No Charge

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 1120 Wellington SQ. FT. OF BLDG: N/A

SUBDIVISION: Wellington Business Park SQ. FT. OF LOT: N/A

FILING # _____ BLK # _____ LOT # 104 NUMBER OF FAMILY UNITS: 0

TAX SCHEDULE NUMBER: 2945-111-25-008 NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: 2

PROPERTY OWNER: Dr. Smura USE OF ALL EXISTING BUILDINGS: _____

ADDRESS: 1120 Wellington Ave. Medical offices

PHONE: 241-6011

DESCRIPTION OF WORK AND INTENDED USE: Interior remodel SUBMITTALS REQ'D: TWO (2) PLOT PLANS SHOWING PARKING, LANDSCAPING, SETBACKS TO ALL PROPERTY LINES, AND ALL STREETS WHICH ABUT THE PARCEL.

FOR OFFICE USE ONLY

ZONE: B-1

FLOODPLAIN: YES _____ NO X

SETBACKS: F _____ S Interior R _____

GEOLOGIC HAZARD: YES _____ NO _____

MAXIMUM HEIGHT: Interior

CENSUS TRACT #: 6

PARKING SPACES REQ'D: existing

TRAFFIC ZONE: 27

LANDSCAPING/SCREENING: existing

SPECIAL CONDITIONS: No Change
in use

ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED, IN WRITING, BY THE DEPARTMENT. THE STRUCTURE APPROVED BY THIS APPLICATION CANNOT BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY (C.O.) IS ISSUED BY THE BUILDING DEPARTMENT (SECTION 307, UNIFORM BUILDING CODE.)

ANY LANDSCAPING REQUIRED BY THIS PERMIT SHALL BE MAINTAINED IN AN ACCEPTABLE AND HEALTHY CONDITION. THE REPLACEMENT OF ANY VEGETATION MATERIALS THAT DIE OR ARE IN AN UNHEALTHY CONDITION SHALL BE REQUIRED.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE ABOVE IS CORRECT AND I AGREE TO COMPLY WITH THE REQUIREMENTS ABOVE. FAILURE TO COMPLY SHALL RESULT IN LEGAL ACTION.

DATE APPROVED: 12/6/88

APPROVED BY: Kathy Palmer

[Signature]
SIGNATURE