

DATE SUBMITTED: 6/19/89

PERMIT # 33397

FEE nm

# PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 1445 North 7th

SQ. FT. OF BLDG: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

SQ. FT. OF LOT: \_\_\_\_\_

FILING # \_\_\_\_\_ BLK # \_\_\_\_\_ LOT # \_\_\_\_\_

NUMBER OF FAMILY UNITS: 0

TAX SCHEDULE NUMBER:  
2945-114-00-047

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: \_\_\_\_\_

PROPERTY OWNER: Diagnostic Therapy Center

USE OF ALL EXISTING BUILDINGS:

ADDRESS: 1445 North 7th

Doctor offices

PHONE: 243-9800

DESCRIPTION OF WORK AND INTENDED USE:

SUBMITTALS REQ'D: TWO (2) PLOT PLANS SHOWING PARKING, LANDSCAPING, SETBACKS TO ALL PROPERTY LINES, AND ALL STREETS WHICH ABUT THE PARCEL.

RELOCATING INTERIOR WALLS  
new cooler no change in use

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FOR OFFICE USE ONLY

ONE: \_\_\_\_\_

FLOODPLAIN: YES \_\_\_\_\_ NO \_\_\_\_\_

SETBACKS: F \_\_\_\_\_ S \_\_\_\_\_ R \_\_\_\_\_

GEOLOGIC HAZARD: YES \_\_\_\_\_ NO \_\_\_\_\_

MAXIMUM HEIGHT: \_\_\_\_\_

CENSUS TRACT #: \_\_\_\_\_

PARKING SPACES REQ'D: \_\_\_\_\_

TRAFFIC ZONE: \_\_\_\_\_

LANDSCAPING/SCREENING: \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

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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 AN 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: 6/19/89

Kent Adams

APPROVED BY: Andi Wetzel

SIGNATURE