A CONTRACTOR The state of the s DATE SUBMITTED: _ 6 / 1 / 69 PERMIT # 33230 FEE Moder PLANNING CLEARANCÉ GRAND JUNCTION PLANNING DEPARTMENT BLDG ADDRESS: 359 MAIN STREET SQ. FT. OF BLDG: SUBDIVISION: G.J. SQ. FT. OF LOT: ____ FILING # BLK # LOT # NUMBER OF FAMILY UNITS: TAX SCHEDULE NUMBER: NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: 2945 - 143-22 -023 PROPERTY OWNER: WITED BANK OF G.J. USE OF ALL EXISTING BUILDINGS: ADDRESS: 359 MADY ST SMK PHONE: 243-1611 SUBMITTALS REQ'D: TWO (2) PLOT DESCRIPTION OF WORK AND INTENDED USE: PLANS SHOWING PARKING, LAND-SCAPING, SETBACKS TO ALL PROPERTY EMODEL LINES, AND ALL STREETS WHICH ABUT THE PARCEL. ********* FOR OFFICE USE ONLY 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: ___ ******************** ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED, IN

WRITING, BY THS 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 DMPLY SHALL RESULT IN LEGAL ACTION.

DATE APPROVED:

APPROVED BY: