

DATE SUBMITTED: 8/16/89

PERMIT # 33801

FEE Nil fee

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 790 Wellington unit 1

SQ. FT. OF BLDG: _____

SUBDIVISION: Wellington Medical Bldg Condo

SQ. FT. OF LOT: _____

FILING # _____ BLK # _____ LOT # _____

NUMBER OF FAMILY UNITS: _____

TAX SCHEDULE NUMBER:
2945-111-15-035

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION:

PROPERTY OWNER: Gary Andreolotti

USE OF ALL EXISTING BUILDINGS:
medical offices

ADDRESS: 709 Canyon Creek

PHONE: _____

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 _____ R _____

GEOLOGIC HAZARD: YES _____ NO _____

MAXIMUM HEIGHT: _____

CENSUS TRACT #: 5

PARKING SPACES REQ'D: 11-12

TRAFFIC ZONE: 27

LANDSCAPING/SCREENING: existing

SPECIAL CONDITIONS: Interior remodel - 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: 8/16/89

APPROVED BY: Kathy Postma

[Signature]
SIGNATURE