

DATE SUBMITTED: 5/8/89

PERMIT # 32872

FEE _____

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 790 Wellington #9

SQ. FT. OF BLDG: _____

SUBDIVISION: Wellington Medical

SQ. FT. OF LOT: _____

FILING # _____ UNIT # 9 BLDG # 9 LOT # 9

NUMBER OF FAMILY UNITS: _____

TAX SCHEDULE NUMBER:
2945-111-15-004

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: _____

PROPERTY OWNER: Dr. Don Aust

USE OF ALL EXISTING BUILDINGS: _____

ADDRESS: 790 Wellington #9

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: _____

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 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: 5/8/89

APPROVED BY: Archie Weitzel

[Signature]
SIGNATURE