

DATE SUBMITTED: 12-10-90

37025
12/14/90
int. remodel
next permit
12/14/90
remodel
permit

PERMIT # _____
FEE _____

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 2021 Nth 12th

SQ. FT. OF BLDG: _____

SUBDIVISION: Kister Add Sub

SQ. FT. OF LOT: _____

FILING # 19-83 BLK # 1 LOT # 971

NUMBER OF FAMILY UNITS: _____

TAX SCHEDULE NUMBER:

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: _____

2945 111 ⁰⁰ 12 971

PROPERTY OWNER: Community Hospital

USE OF ALL EXISTING BUILDINGS: _____

ADDRESS: 2021 Nth 12th

PHONE: 242-0920

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.

Interior Remodel

FOR OFFICE USE ONLY

ZONE: _____

FLOODPLAIN: YES _____ NO _____

SETBACKS: F _____ S _____ R _____

GEOLOGIC HAZARD: YES _____ NO _____

MAXIMUM HEIGHT: _____

CENSUS TRACT #: _____

PARKING SPACES: _____

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 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: 12-10-90

APPROVED BY: Valerie Lowry

Bill Hoover
SIGNATURE