

DATE SUBMITTED: 9-24-90

PERMIT # 37025

FEE No Fee

# PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 2021 N. 12<sup>th</sup> ST.

SQ. FT. OF BLDG: 1500

SUBDIVISION: Unit 1

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

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

NUMBER OF FAMILY UNITS: 1

TAX SCHEDULE NUMBER:  
2945-111-00-971

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

PROPERTY OWNER: Community Hospital

USE OF ALL EXISTING BUILDINGS: \_\_\_\_\_

ADDRESS: 2021 N. 12<sup>th</sup> ST.

Hospital

PHONE: 242-0920

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.

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FOR OFFICE USE ONLY

ZONE: PB

REMODEL: YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

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

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

CENSUS TRACT #: 5

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

TRAFFIC ZONE: 27

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

*Interior Remodel NO CHANGE IN USE*

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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 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: 9-24-90

APPROVED BY: [Signature]

[Signature]  
SIGNATURE