

DATE SUBMITTED: 8/28/90

PERMIT # 36739

FEE NO Fee

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 1100 PATTERSON

SQ. FT. OF BLDG: 30005K - REMODEL AREA.

SUBDIVISION: HILLTOP

SQ. FT. OF LOT: _____

FILING # _____ BLK # 1 LOT # 1

NUMBER OF FAMILY UNITS: X

TAX SCHEDULE NUMBER:
2945-024-00-975

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION:
1/1

PROPERTY OWNER: HILLTOP HOSPITAL

USE OF ALL EXISTING BUILDINGS:

ADDRESS: 1100 PATTERSON

HOSPITAL.

PHONE: 242-8980

DESCRIPTION OF WORK AND INTENDED USE:
REMODEL INTERIOR NURSES STATION.

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: RMF-64

FLOODPLAIN: YES _____ NO _____

SETBACKS: F _____ S Interior

GEOLOGIC HAZARD: YES _____ NO _____

MAXIMUM HEIGHT: _____

CENSUS TRACT # 10

PARKING SPACES REQ'D: _____

TRAFFIC ZONE NO CHANGE 23

LANDSCAPING/SCREENING: _____

SPECIAL CONDITIONS: _____

ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED, IN WRITING, BY THIS 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: Aug 28, 1990

Mark Wagner
SIGNATURE

APPROVED BY: [Signature]