DATE SUBMITTED:	PERMIT #
- permitt	FEE No Charge
39366 PLANNING CL	EARANCE
GRAND JUNCTION PLANNING DEPARTMENT	
BLDG ADDRESS: 1060 ORCHARD	SQ. FT. OF BLDG: 2100
subdivision: Lister addition	SQ. FT. OF LOT:
FILING # BLK #/_ LOT #	NUMBER OF FAMILY UNITS:
TAX SCHEDULE NUMBER:	NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION:
2945 111 12 001	BEFORE INIS FLAMED CONSTRUCTION.
PROPERTY OWNER: COMMUNITY HOSPITA	USE OF ALL EXISTING BUILDINGS:
ADDRESS: 2021 11th 12 57.	USE OF ALL EXISTING BUILDINGS:
PHONE: 242-0920	
DESCRIPTION OF WORK AND INTENDED USE:	SUBMITTALS REQ'D: TWO (2) PLOT PLANS SHOWING PARKING, LAND-
INTERIOR Remodel	SCAPING, SETBACKS TO ALL PROPERTY LINES, AND ALL STREETS WHICH ABUT THE PARCEL.
*********	********
FOR OFFICE USE ONLY	
zone: PB	FLOODPLAIN: YES NO
SETBACKS: F S R	GEOLOGIC HAZARD: YES NO
MAXIMUM HEIGHT:	CENSUS TRACT #: 5
PARKING SPACES REQ'D:	TRAFFIC ZONE: 32
LANDSCAPING/SCREENING: REMODE	SPECIAL CONDITIONS:
· · · · · · · · · · · · · · · · · · ·	
**********	*********
ANY MODIFICATION TO THIS APPROVED PLANNING CLEARANCE MUST BE APPROVED, IN WRITING, BY THS 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.	
PATE APPROVED: 7/11/9/ Listen Lawrele We Shaves	

