

DATE SUBMITTED: 7/11/91

PERMIT # 39252

C-Permit #
39366

FEE No Charge

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

BLDG ADDRESS: 1060 Orchard

SQ. FT. OF BLDG: 2100

SUBDIVISION: Kister addition

SQ. FT. OF LOT: _____

FILING # _____ BLK # 1 LOT # _____

NUMBER OF FAMILY UNITS: _____

TAX SCHEDULE NUMBER:
2945 111 12 001

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: _____

PROPERTY OWNER: COMMUNITY HOSPITAL

USE OF ALL EXISTING BUILDINGS: _____

ADDRESS: 2021 Nth 12 St.

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.

FOR OFFICE USE ONLY

ZONE: PB

FLOODPLAIN: YES _____ NO X

SETBACKS: F _____ S _____ R _____

GEOLOGIC HAZARD: YES _____ NO X

MAXIMUM HEIGHT: N/A

PARKING SPACES REQ'D: Interior

CENSUS TRACT #: 5

LANDSCAPING/SCREENING: Remodel only

TRAFFIC ZONE: 32

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.

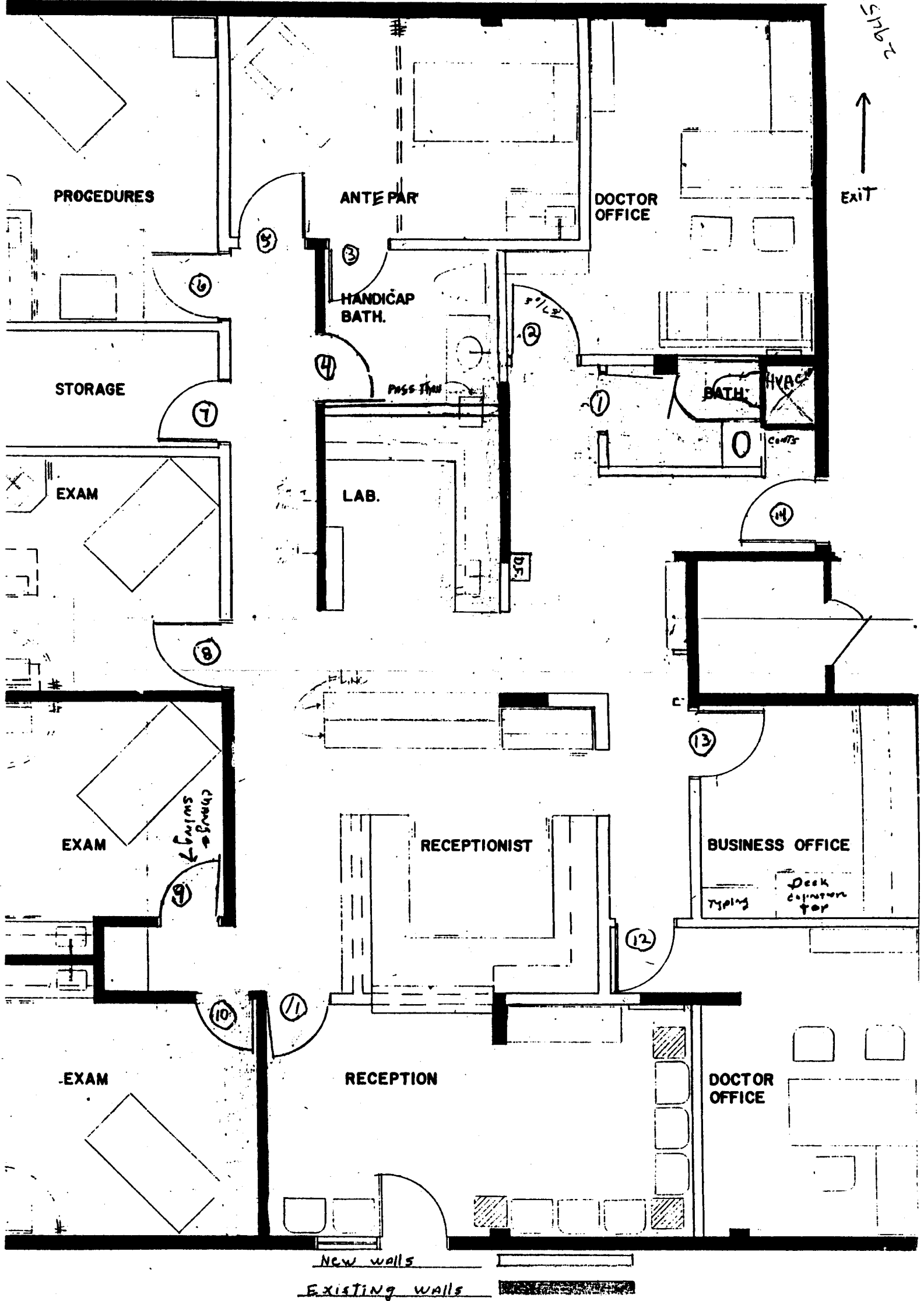
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THE ABOVE IS CORRECT AND I AGREE TO COMPLY WITH THE REQUIREMENTS ABOVE. FAILURE TO COMPLY SHALL RESULT IN LEGAL ACTION.

DATE APPROVED: 7/11/91 Linton & Albrecht

w.c. Hayes

1060 ORCHARD AVE INTERIOR Remodel
scale 1/4" = 1'

111-51672



New walls

Existing walls