

DATE SUBMITTED: _____

PERMIT # 3850Z

FEE \$5.00

PLANNING CLEARANCE

GRAND JUNCTION PLANNING DEPARTMENT

Edison Construction
P.O. Box 3017
J. Co 81502
245-9316

BLDG ADDRESS: 618 Walnut

SQ. FT. OF BLDG: 1000 ± suite 626

SUBDIVISION: Book Cliff Park

SQ. FT. OF LOT: _____

FILING # _____ BLK # 1 LOT # 4

NUMBER OF FAMILY UNITS: _____

TAX SCHEDULE NUMBER:
2945111-00104

NUMBER OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: _____

PROPERTY OWNER: Dennis and Karen Morris

USE OF ALL EXISTING BUILDINGS:
Dentist and doctors office

ADDRESS: 2120 Barbary Ct

PHONE: _____

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.

Misc Plumbing & Elect. Upgrade.
Hair Salon (no exterior work)

FOR OFFICE USE ONLY

ZONE: B-1

FLOODPLAIN: YES _____ NO

SETBACKS: F N/A Interior Remodel

GEOLOGIC HAZARD: YES _____ NO

MAXIMUM HEIGHT: N/A

PARKING SPACES REQ'D: Existing - 6

LANDSCAPING/SCREENING: Existing

CENSUS TRACT #: _____

TRAFFIC ZONE: _____

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: 4/15/91

APPROVED BY: Kristen Calkbeck

Elsa [Signature]
SIGNATURE