

DATE SUBMITTED: 5-25-93

PERMIT NO. 45572

FEE \$ 10⁰⁰

PLANNING CLEARANCE

GRAND JUNCTION COMMUNITY DEVELOPMENT DEPARTMENT

BLDG ADDRESS 2635 N. 7TH ST.

SQ. FT. OF BLDG: 144 S.F.

SUBDIVISION GRAND Jct.

SQ. FT. OF LOT: _____

FILING # _____ BLK # _____ LOT # _____

NO. OF FAMILY UNITS: N/A

TAX SCHEDULE # 2945-112-00-971

NO. OF BUILDINGS ON PARCEL BEFORE THIS PLANNED CONSTRUCTION: _____

OWNER St. Mary's Hospital

USE OF EXISTING BUILDINGS: _____

ADDRESS 2635 N. 7TH ST.

DESCRIPTION OF WORK AND INTENDED USE:
STRUCTURE FOR IRRIGATION PUMPS

TELEPHONE: 244-2169

(pumps are currently existing)

REQUIRED: Two 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 _____

SETBACKS: FRONT _____

GEOLOGIC HAZARD: YES _____ NO _____

SIDE _____ REAR AS per PLAN

CENSUS TRACT: 4 TRAFFIC ZONE: _____

MAXIMUM HEIGHT _____

PARKING REQ'MT _____

LANDSCAPING/SCREENING REQUIRED: _____

SPECIAL CONDITIONS: _____

Modifications to this Planning Clearance must be approved, in writing, by this Department. The structure approved by this application cannot be occupied until a Certificate of Occupancy 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.



Department Approval



Applicant Signature

5-25-93

Date Approved

5-25-93

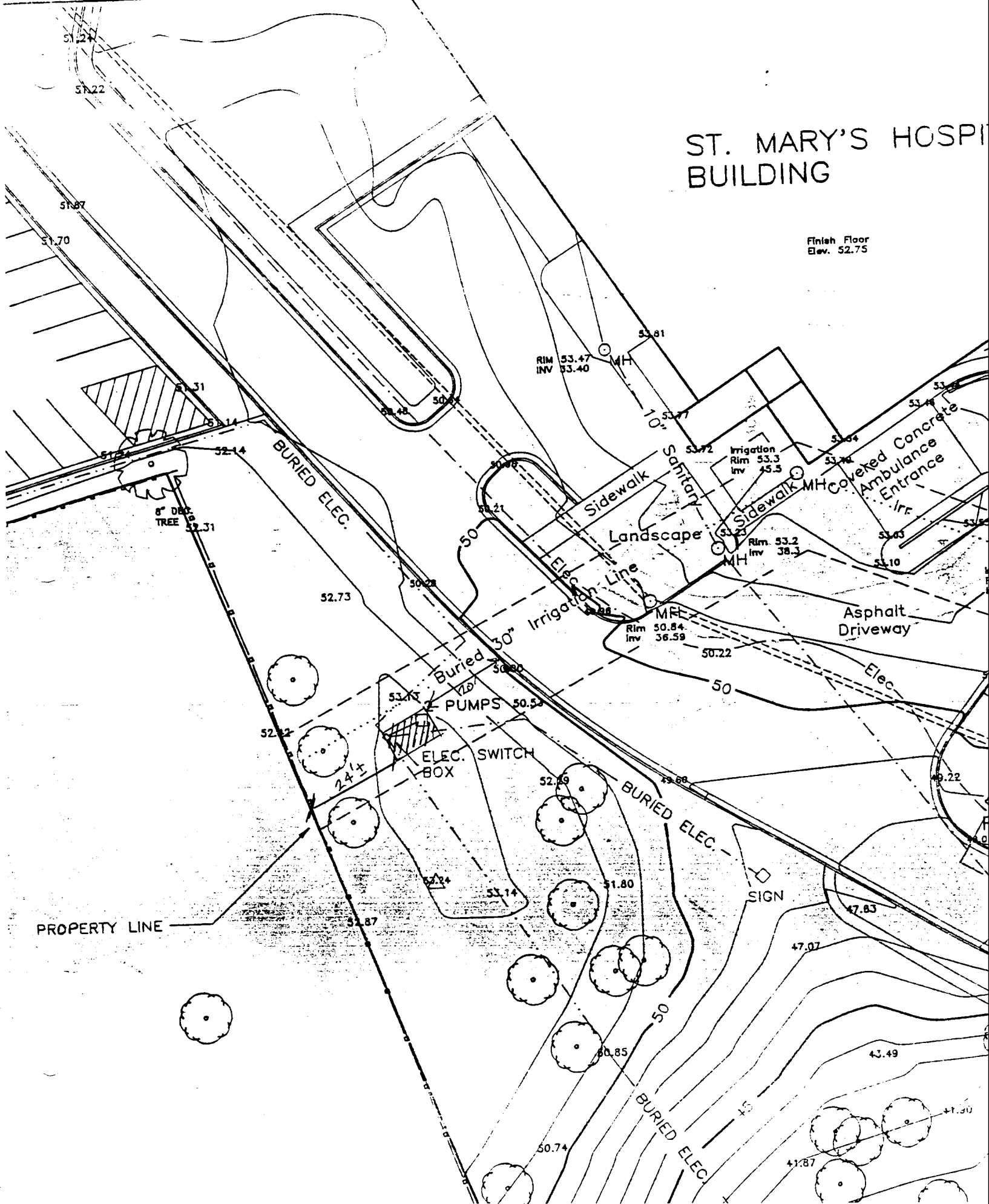
Date

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2 D Grand Junction Zoning & Development Code)

CH LINE TO 1

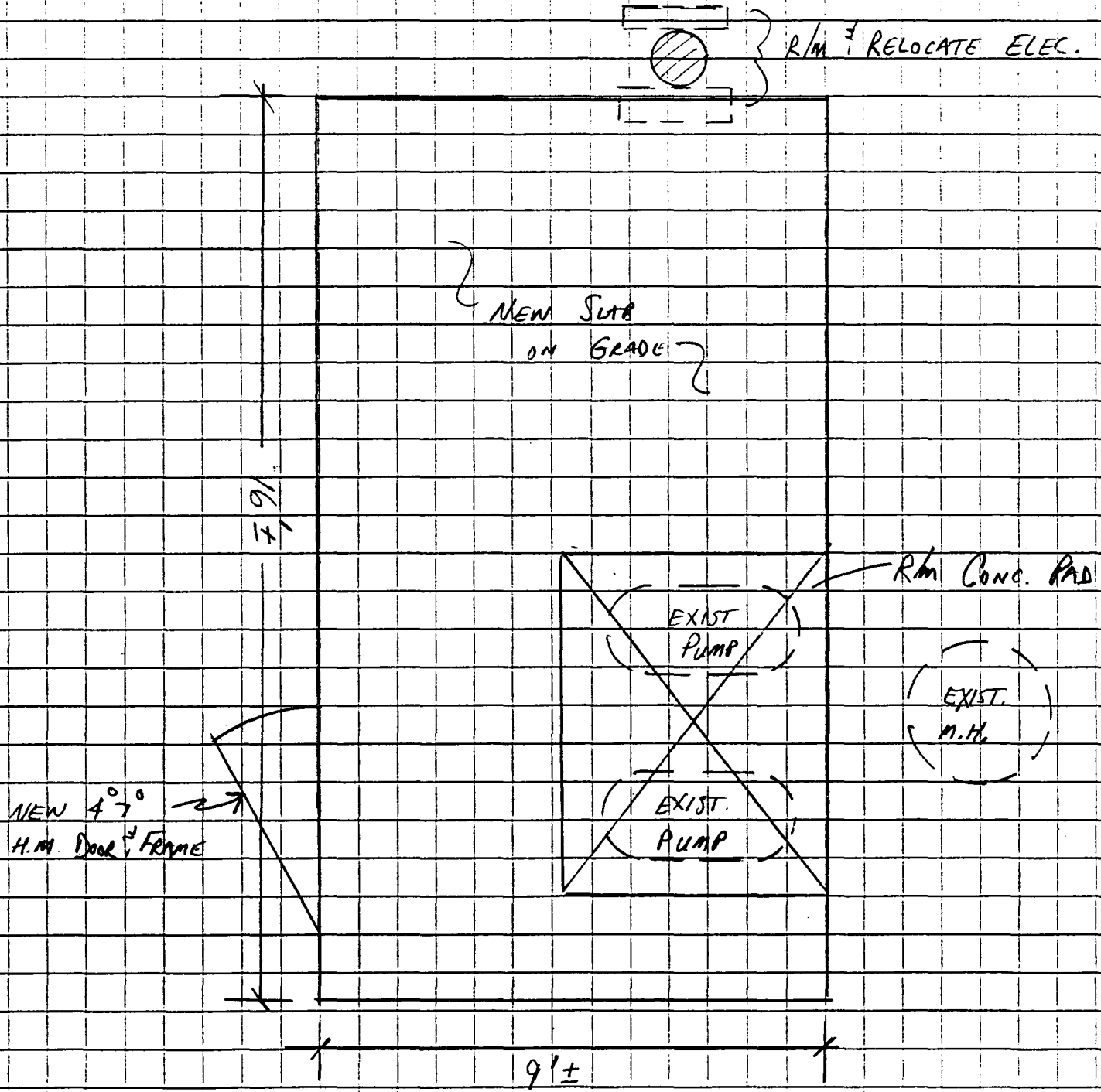
ST. MARY'S HOSPITAL BUILDING

Finish Floor Elev. 52.75



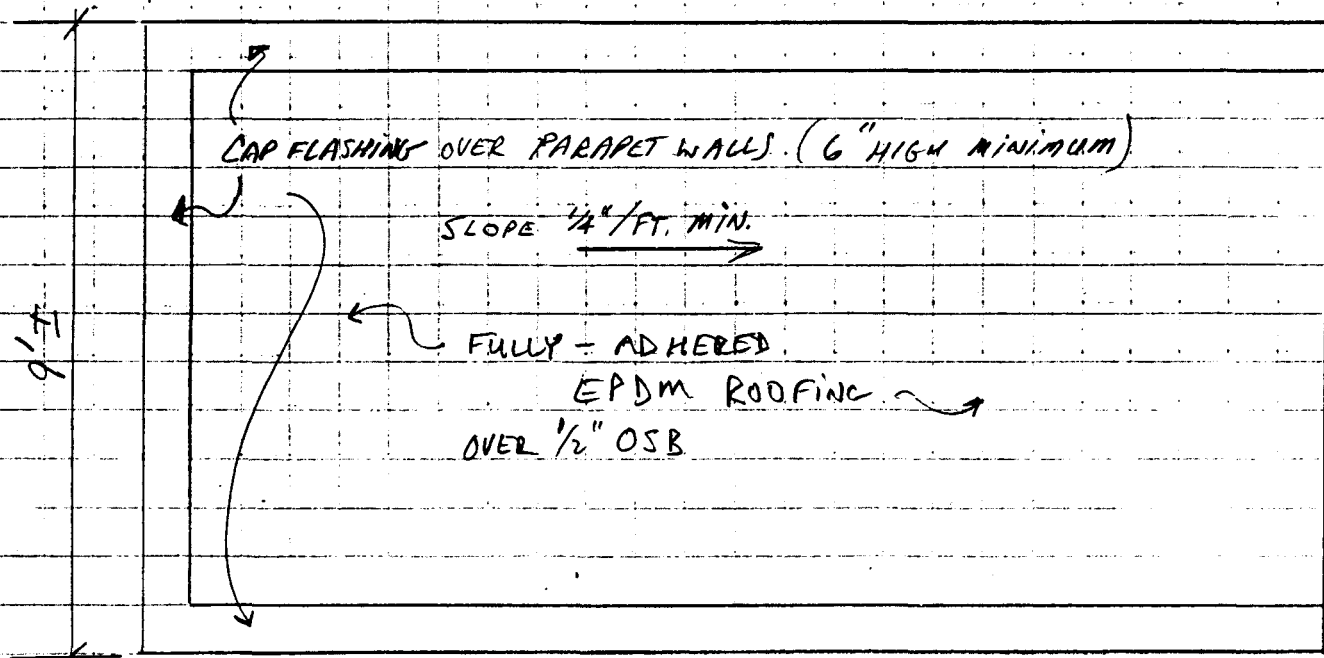
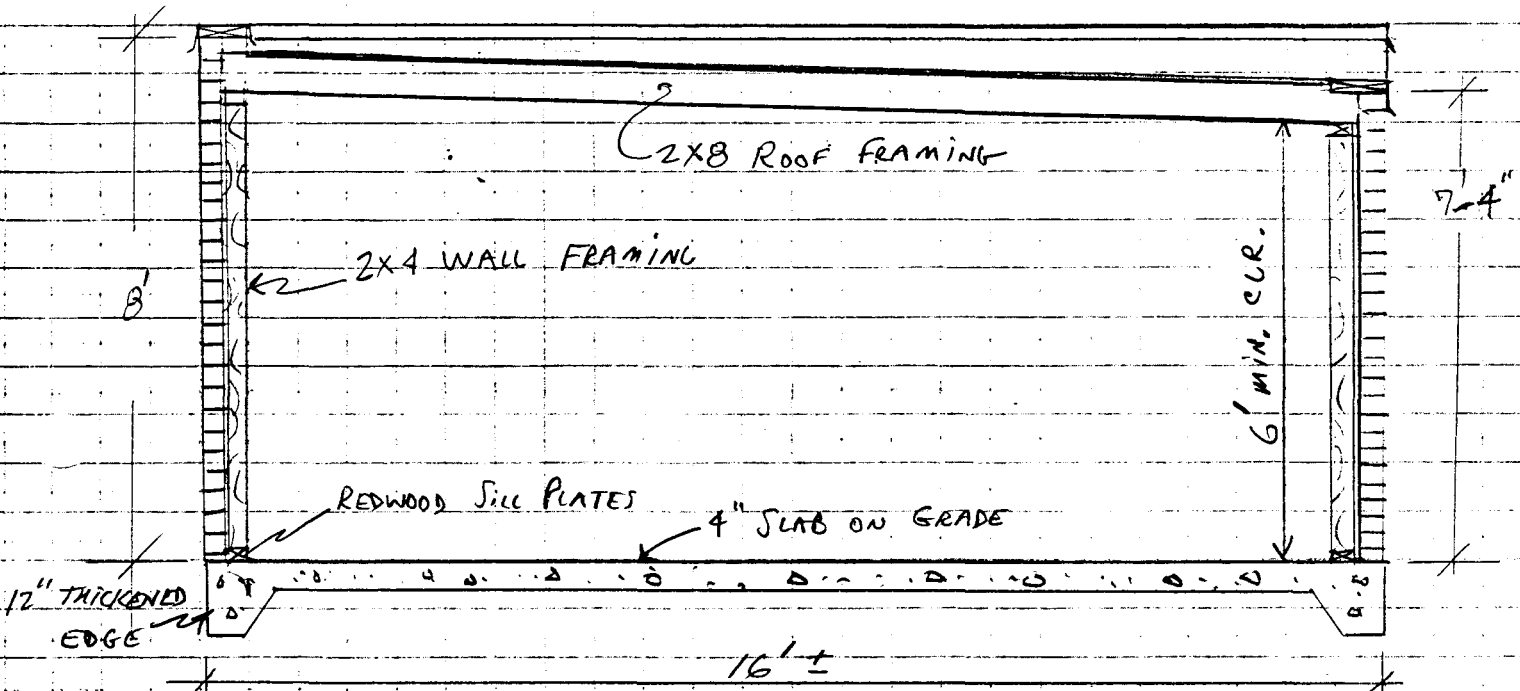
TO: RON GREENHAW
ST. MARY'S HOSPITAL

JOB NO. 9309
SUBJECT: ST MARY'S HOSPITAL
IRRIGATION PUMPHOUSE



TO: TON GREENHOW
ST. MARY'S HOSPITAL

JOB NO. 9309
SUBJECT: ST. MARY'S HOSPITAL
IRRIGATION PUMPHOUSE



ROOF PLAN

JOB NAME: IRRIGATION PUMPHOUSE JOB # 7309
LOCATION: ST. MARY'S HOSPITAL SHEET _____ OF _____

PERMIT TO BUILD

7-12-93
DATE

MESA COUNTY PUBLIC WORKS DEPARTMENT
BUILDING INSPECTION DIVISION

045572

MESA COUNTY _____
COLLBRAN _____
DEBEQUE _____
FRUITA _____
GRAND JCT. _____
PALISADE _____

Bldg
PERMIT TYPE

PERMIT NUMBER

54623
VALUE

OWNER: St Marys MOBILE HOME TAX ID NO.: _____

PROJECT ADDRESS: 2635 N 7 St TAX PARCEL NO.: _____
SUBDIVISION: _____ LOT NO. _____ BLOCK NO. _____ FILING NO. _____

Tom Jordan
CONTRACTOR Fire Prot ADDRESS _____ PHONE NO. _____ LICENSE NO. 2930668

OCCUPANCY: _____ NO. OF UNITS: _____ NO. OF BEDROOMS: _____

DESCRIPTION OF WORK: Fire protection Phase III

REQUIRED DOCUMENTS:
RADON SURVEY: _____ SEWER: _____ SEPTIC: _____
WATER FLOW: su app FOOD HANDLING: _____ PLANNING: _____
SPECIAL CONDITIONS: _____

ELECTRICAL CONTRACTOR _____ LICENSE NO. _____ VALUE _____
PLUMBING CONTRACTOR _____ LICENSE NO. _____ VALUE _____
MECHANICAL CONTRACTOR _____ LICENSE NO. _____ VALUE _____

EXEMPT _____ MONTHLY _____ ON COMPLETION _____
EXEMPTION NO. _____
I hereby acknowledge the USE TAX filing status noted above and agree to abide by the provisions and regulations of the County Sales and Use Tax Resolution MCM-81-199. I understand that I am responsible for maintaining adequate accounting records that are subject to audit for 3 years to substantiate my use tax return.

1. USE TAX UPON PURCHASE OF ALL MATERIALS WHICH THE GRAND JUNCTION SALES TAX HAS NOT BEEN PAID: You may summarize by supplier on USE TAX FORM NO. 116 the amount of materials used. This shall be done upon completion of the job and paid directly on the FINANCE DIRECTOR'S OFFICE.
 2. PAYMENT OF TAX DIRECTLY OF SUPPLIER: I hereby certify that all materials used in the above construction will be purchased within the city limits and the Sales Tax paid directly to the supplier. All purchase records and invoices will be retained for three years. I certify that the statements made herein are true and correct to the best of my knowledge.

X Kim A. Fischer

X Kim A. Fischer

PERMIT FEE 336.00

I hereby acknowledge that the above information is correct to the best of my knowledge, and I agree to comply with all city or county ordinances regulating building construction.

Kim A. Fischer
Contractor/Owner Signature

TR
Building Department Signature