

FEE \$	10 ⁰⁰
TCP \$	—
SIF \$	—



BLDG PERMIT NO. 65222

Commercial **PLANNING CLEARANCE**

~~(Single Family Residential and Accessory Structures)~~
Community Development Department

BLDG ADDRESS 2805 Bunting TAX SCHEDULE NO. 2943-073-31-002
 SUBDIVISION PDA Minor SQ. FT. OF PROPOSED BLDG(S)/ADDITION _____
 FILING _____ BLK _____ LOT 1 SQ. FT. OF EXISTING BLDG(S) _____
 (1) OWNER Michael Henderson (AGape Mngt) NO. OF DWELLING UNITS
 BEFORE: _____ AFTER: _____ THIS CONSTRUCTION
 (1) ADDRESS 2805 Bunting
 (1) TELEPHONE 241-5151 NO. OF BLDGS ON PARCEL
 BEFORE: _____ AFTER: _____ THIS CONSTRUCTION
 (2) APPLICANT Canvas Products Co USE OF EXISTING BLDGS Retail
 (2) ADDRESS 580 25 Road DESCRIPTION OF WORK AND INTENDED USE: _____
 (2) TELEPHONE 292-1453 Commercial Awnings

REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all existing & proposed structure location(s), parking, setbacks to all property lines, ingress/egress to the property, driveway location & width & all easements & rights-of-way which abut the parcel.

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE C-1 Maximum coverage of lot by structures _____
 SETBACKS: Front _____ from property line (PL)
 or 25' from center of ROW, whichever is greater Parking Req'mt _____
 Side _____ from PL Rear _____ from PL Special Conditions _____
 Maximum Height 40' CENSUS 6 TRAFFIC 30 ANN# _____

Modifications to this Planning Clearance must be approved, in writing, by the Director of the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued by the Building Department (Section 305, Uniform Building Code).

I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature [Signature] Date 6-10-98
 Department Approval [Signature] Date 6-10-98

Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. _____

Utility Accounting R. Raymond Date 6/10/98

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

(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

Purchase Order # _____

Date 6-9-98

Name Progressive Dental Arts

Phone _____

Address _____

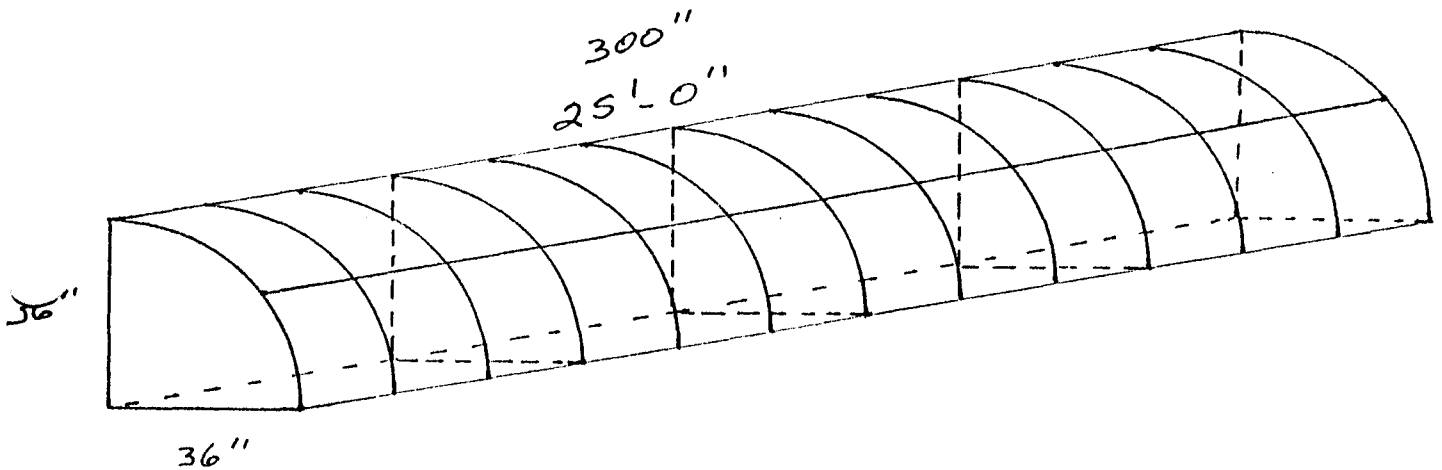
Quote _____

Promised By _____

Instructions: Aluminum Frame
12 sp @ 25"

No Valance

2 ea



ACCEPTED SLC 6-10-98
 ANY CHANGE OF SETBACKS MUST BE
 APPROVED BY THE CITY PLANNING
 DEPT. IT IS THE APPLICANT'S
 RESPONSIBILITY TO PROPERLY
 LOCATE AND IDENTIFY EASEMENTS
 AND PROPERTY LINES.

Operator _____
Notified _____

Time _____
Material _____
Tax _____
Total _____