

FEE \$	500
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BLDG PERMIT NO. 71217

EX

PLANNING CLEARANCE
 (Single Family Residential and Accessory Structures)
Community Development Department

BLDG ADDRESS 1331 Hermosa TAX SCHEDULE NO. 2945-013-11-979
 SUBDIVISION Hilltop Sub SQ. FT. OF PROPOSED BLDG(S)/ADDITION -
 FILING BLK - LOT 1 SQ. FT. OF EXISTING BLDG(S) _____
 (1) OWNER Hilltop Health Services NO. OF DWELLING UNITS
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (1) ADDRESS 1331 Hermosa Ave
 NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION
 (1) TELEPHONE 242-4400
 USE OF EXISTING BLDGS Hilltop Executive Offices
 (2) APPLICANT SUN KING DESCRIPTION OF WORK AND INTENDED USE: Build a
 (2) ADDRESS P.O. Box 3299 wall to create receptionist area
 (2) TELEPHONE 245-9173

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 PB Maximum coverage of lot by structures _____
 SETBACKS: Front _____ from property line (PL)
 or _____ from center of ROW, whichever is greater
 Parking Req't interior work only
 Side _____ from PL Rear _____ from PL
 Special Conditions _____
 Maximum Height _____
 CENSUS _____ TRAFFIC _____ ANNEX# _____

Modifications to this Planning Clearance must be approved, in writing, by 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, if applicable, 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 7/17/99
 Department Approval [Signature] Date 7/15/99

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

Utility Accounting [Signature] Date 7/15/99

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)