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|--------|-----|
| FEE \$ | 500 |
| TCP \$ | — |
| SIF \$ | — |

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. 74669



Your Bridge to a Better Community

BLDG ADDRESS 2721 N 12TH ST. SQ. FT. OF PROPOSED BLDGS/ADDITION —

TAX SCHEDULE NO. 2945-024-00-056 SQ. FT. OF EXISTING BLDGS —

SUBDIVISION — TOTAL SQ. FT. OF EXISTING & PROPOSED —

FILING — BLK — LOT — NO. OF DWELLING UNITS:
 Before: — After: — this Construction

(1) OWNER ST. MARY'S HOSPITAL NO. OF BUILDINGS ON PARCEL
 Before: 1 After: 1 this Construction

(1) ADDRESS 2635 N. 7TH ST. USE OF EXISTING BUILDINGS MEDICAL

(1) TELEPHONE 244-2169 DESCRIPTION OF WORK & INTENDED USE REMODEL FOR EXAM ROOM

(2) APPLICANT: JOHN NEWELL (PNCT) TYPE OF HOME PROPOSED:
 _____ Site Built _____ Manufactured Home (UBC)
 _____ Manufactured Home (HUD)
 _____ Other (please specify) _____

(2) ADDRESS 553 25 1/2 RD. G.J.

(2) TELEPHONE 242-3548

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) Permanent Foundation Required: YES _____ NO _____
 or _____ from center of ROW, whichever is greater

Side _____ from PL, Rear _____ from PL Parking Req'mt —

Maximum Height _____ Special Conditions Int. Rem NCIU

CENSUS 10 TRAFFIC 23 ANN# _____

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 4-7-00

Department Approval [Signature] Date 4-7-00

| | | | |
|--|--------------------|--|----------------------------------|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. <u>NO CHANGE IN USE.</u> |
| Utility Accounting | <u>[Signature]</u> | Date | <u>4/7/00</u> |

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)