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|-------------------------|------------------|
| Planning \$ <u>5.00</u> | Drainage \$ |
| TCP \$ | School Impact \$ |

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|------------------------------|
| BLDG PERMIT NO. <u>82018</u> |
| FILE # |

PLANNING CLEARANCE
(multifamily and non-residential remodels and change of use)
Grand Junction Community Development Department

pd

THIS SECTION TO BE COMPLETED BY APPLICANT

BUILDING ADDRESS 2635 N. 7th St.
SUBDIVISION _____
FILING _____ BLK _____ LOT _____
OWNER ST. MARY'S HOSPITAL
ADDRESS 2635 N. 7th St.
TELEPHONE 244-2169
APPLICANT JOHN NEWELL
ADDRESS 553 25 1/2 Rd.
TELEPHONE 242-3548

TAX SCHEDULE NO. 2945-112-00-971
CURRENT FAIR MARKET VALUE OF STRUCTURE \$ 15,009,990
ESTIMATED REMODELING COST \$ 80,000
NO. OF DWELLING UNITS: BEFORE _____ AFTER _____
CONSTRUCTION _____
USE OF ALL EXISTING BLDGS HOSPITAL
DESCRIPTION OF WORK & INTENDED USE: _____
REMODEL 1 WENT FOR ICU

✓ Submittal requirements are outlined in the SSID (Submittal Standards for Improvements and Development) document.

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

PAID
OCT 22 2001

ZONE PD SPECIAL CONDITIONS: TB
PARKING REQUIREMENT: _____
LANDSCAPING/SCREENING REQUIRED: YES _____ NO _____ CENSUS TRACT 5 TRAFFIC ZONE 27 ANNEX _____

Modifications to this Planning Clearance must be approved, in writing, by the Community Development Department Director. 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 307, Uniform Building Code). Required improvements in the public right-of-way must be guaranteed prior to issuance of a Planning Clearance. All other required site improvements must be completed or guaranteed prior to issuance of a Certificate of Occupancy. 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 is required by the Grand Junction Zoning and Development 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 that 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's Signature *John Newell* Date 10-22-01
Department Approval *Pat Bushman* Date 10-22-01

| | | | |
|--|-----|--|----------------------|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. |
| Utility Accounting <u><i>P. Bensley</i></u> | | | Date <u>10/22/01</u> |

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

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