

FEE \$ <u>10.00</u>
TCP \$ <u>0</u>
SIF \$ <u>0</u>

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

BLDG PERMIT NO. N/A



Your Bridge to a Better Community

BLDG ADDRESS 776 BOOKCLIFF SQ. FT. OF PROPOSED BLDGS/ADDITION 162  
 TAX SCHEDULE NO. 2945-111-02-981 SQ. FT. OF EXISTING BLDGS N/A  
 SUBDIVISION N/A TOTAL SQ. FT. OF EXISTING & PROPOSED 162  
 FILING \_\_\_\_\_ BLK \_\_\_\_\_ LOT \_\_\_\_\_ NO. OF DWELLING UNITS: \_\_\_\_\_  
 Before: 0 After: \_\_\_\_\_ this Construction  
 (1) OWNER ST MARY'S HOSPITAL NO. OF BUILDINGS ON PARCEL \_\_\_\_\_  
 Before: 6 After: 7 this Construction  
 (1) ADDRESS 2635 N. 7th ST USE OF EXISTING BUILDINGS HOSPITAL STORAGE ADMIN  
 (1) TELEPHONE 244-2445 DESCRIPTION OF WORK & INTENDED USE PORTABLE STORAGE ACCESSORY BUILDING  
 (2) APPLICANT ROB JENKINS TYPE OF HOME PROPOSED: BUILDING A  
 (2) ADDRESS 1000 N. 9th ST \_\_\_\_\_ Site Built \_\_\_\_\_ Manufactured Home (UBC)  
 \_\_\_\_\_ Manufactured Home (HUD)  
 (2) TELEPHONE 286-1980 \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**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 PD Maximum coverage of lot by structures \_\_\_\_\_  
 SETBACKS: Front 25' from property line (PL) Permanent Foundation Required: YES \_\_\_\_\_ NO \_\_\_\_\_  
 or \_\_\_\_\_ from center of ROW, whichever is greater  
 Side 0' from PL, Rear 0' from PL Parking Req'mt \_\_\_\_\_  
 Maximum Height \_\_\_\_\_ Special Conditions \_\_\_\_\_  
 CENSUS 5 TRAFFIC 27 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).

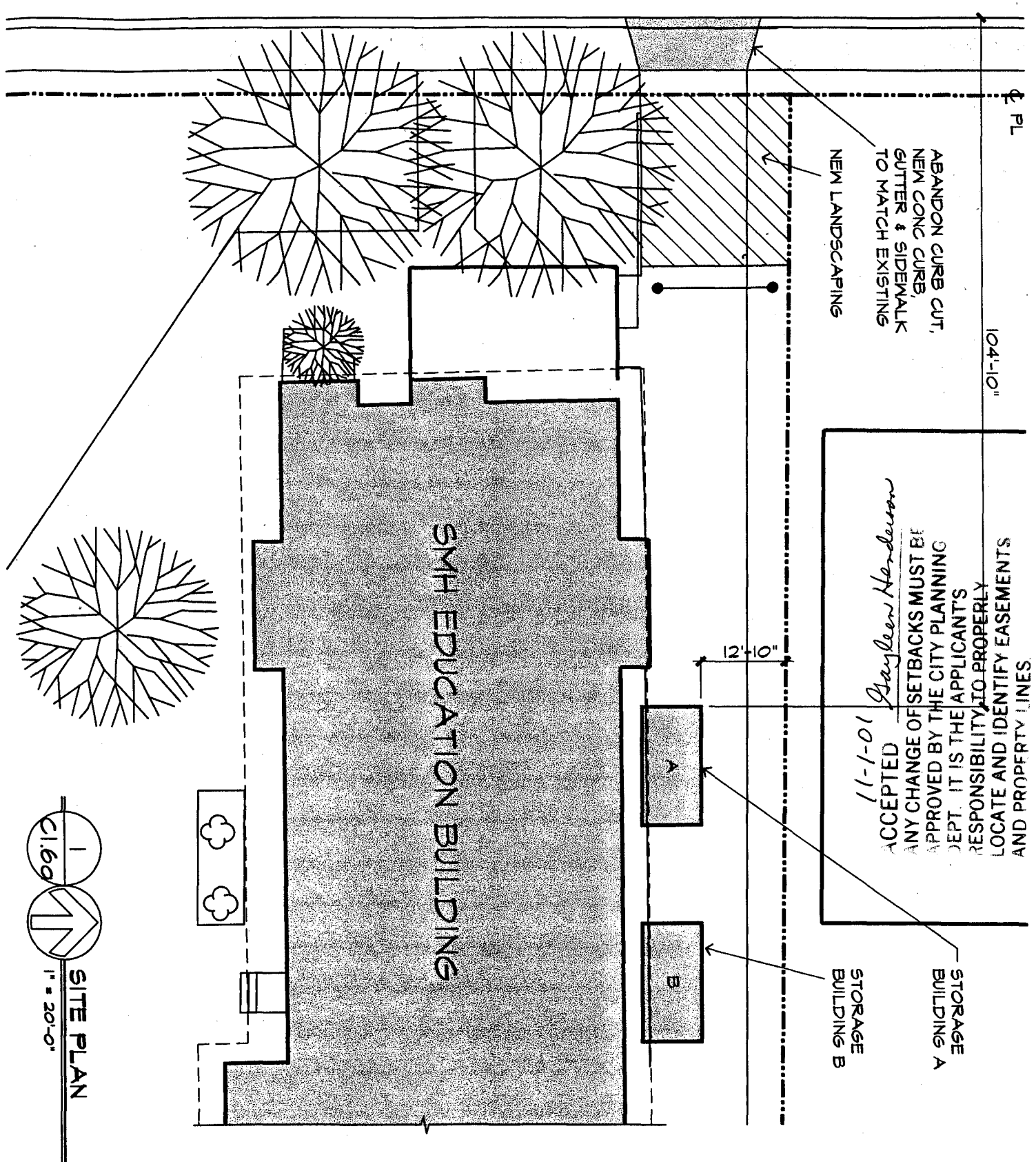
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily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

Applicant Signature Robert Jenkins Date 11/01/01  
 Department Approval Gayleen Henderson Date 11-1-01

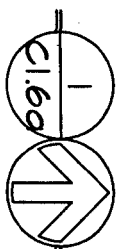
Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>No Plumbing or chg in use</u>
Utility Accounting	<u>Marshall Cole</u>		Date <u>11/1/01</u>

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1.c(1) Grand Junction Zoning & Development Code)

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



11-1-01  
*Gayle Henderson*  
 ACCEPTED  
 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.



SITE PLAN

C1.6a

**ROBERT D. JENKINS/AIA**  
 ARCHITECT

1000 North 9th Suite 35 (970) 256-1980  
 Grand Junction, Co 81501 11/01/01

**St. Mary's Hospital**  
 The Regional Medical Center

**Parking Lots Remodel**