

FEE \$	10.00
TCP \$	0
SIF \$	0

PLANNING CLEARANCE

BLDG PERMIT NO. 85925

(Single Family Residential and Accessory Structures)

Community Development Department

multifamily + non-residential remodel



Your Bridge to a Better Community

52907-30330

BLDG ADDRESS 2259 Broadway

TAX SCHEDULE NO. 2945-181-15-001

SUBDIVISION Meadowlark Garden

FILING _____ BLK _____ LOT _____

(1) OWNER Angeline Barrett

(1) ADDRESS 2261 Broadway

(1) TELEPHONE 241-6003

(2) APPLICANT Same

(2) ADDRESS _____

(2) TELEPHONE _____

SQ. FT. OF PROPOSED BLDGS/ADDITION N/A

SQ. FT. OF EXISTING BLDGS N/A

TOTAL SQ. FT. OF EXISTING & PROPOSED N/A

Current fair market value of structure: #139,270

NO. OF DWELLING UNITS: Before: 1 After: 1 this Construction

NO. OF BUILDINGS ON PARCEL: Before: 2 After: 2 this Construction

USE OF EXISTING BUILDINGS Office for nursery, Employee/break room

DESCRIPTION OF WORK & INTENDED USE Kitchen remodel

TYPE OF HOME PROPOSED:
 Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 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 _____ 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 _____

CENSUS _____ TRAFFIC _____ 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 Angeline Barrett Date 8/5/02

Department Approval Pat Bushman Date 8-5-02

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>remodel kitchen only</u>
Utility Accounting <u>Julia</u>		Date <u>8/5/02</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)

From: Dan Tonello
To: Lee, Bob; Prall, Trenton; Spurr, Wendy
Date: 8/1/02 7:42AM
Subject: Western Valley Family Practice

Based on the information submitted to this office, Western Valley Family Practice, to be located at 2259 Broadway will not be required to install pretreatment equipment.

If additional information is needed, please contact me at 256-4164.