	The second secon	y y y week and a second of the	**************************************	
Planning \$ 5.00	Drainage \$;	BLDG PERMIT NO.	13945
TCP\$	School Impact \$,	FILE#	
	PLANNING pultifamily and non-reside and Junction Communication		ange of use)	
** THIS SECTION TO BE COMPLETED BY APPLICANT **				
BUILDING ADDRESS 2333 N. 6 5.		TAX SCHEDULE NO	2945-112-0	1-971
SUBDIVISION		CURRENT FAIR MARKET VALUE OF STRUCTURE \$ 499,910.0		
FILING BLK LOT		ESTIMATED REMODELING COST \$ 5,000 ""		
OWNER JT. MARY'S MOSPITAL		NO. OF DWELLING UNITS: BEFOREAFTER CONSTRUCTION		
ADDRESS 2635 N. 72 S.		USE OF ALL EXIST	ING BLDGS OFFICE	MEDICAL
TELEPHONE 244-2169		DESCRIPTION OF WORK & INTENDED USE:		
APPLICANT SOUN NEWECC		2 ND FL	OUR MEEDING	Room
ADDRESS 553 25/2 Ro.		REMOD	Ēί	
TELEPHONE 242-359	18			

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

ZONE _

(White: Planning)

(Yellow: Customer)

15° THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF 180

SPECIAL CONDITIONS: ___

(Goldenrod: Utility Accounting)

Modifications to this Planning Clearance must be approved, in writing, by the Community Devauthorized by this application cannot be occupied until a final inspection has been complete issued by the Building Department (Section 307, Uniform Building Code). Required improguaranteed prior to issuance of a Planning Clearance. All other required site improvement issuance of a Certificate of Occupancy. Any landscaping required by this permit shall be condition. The replacement of any vegetation materials that die or are in an unhealthy condit and Development Code.	s must be completed or guaranteed prior to e maintained in an acceptable and healthy				
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).					
but not necessarily be infinite as non-use of the building(s).					
Applicant's Signature	Date 4-5-02				
$\sqrt{19}$	cil_{i}				
Department Approval Department Approval	Date 4/5/02				
Additional water and/or sewer tap fee(s) are required: YES NO	W/O No.				
Utility Accounting attelshem	Date 2 5 5 2				
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning and Development Code)					

(Pink: Building Department)