

82023

Planning \$ <u>0</u>	Drainage \$ <u>0</u>
TCP \$ <u>4952⁰⁰</u>	School Impact \$ <u>0</u>

BLDG PERMIT NO. <u>83222</u>
FILE # <u>VE-2001-204</u>

PLANNING CLEARANCE

(site plan review, multi-family development, non-residential development)
Grand Junction Community Development Department

THIS SECTION TO BE COMPLETED BY APPLICANT

BUILDING ADDRESS pending 2420 Hwy 6 E 50 TAX SCHEDULE NO. 2945-092-10-025

SUBDIVISION Mesa Mall Minor Subdivision SQ. FT. OF PROPOSED BLDG(S)/ADDITION 4,022

FILING _____ BLK 1 LOT 2 SQ. FT OF EXISTING BLDG(S) N/A

OWNER The Macerich Company NO. OF DWELLING UNITS: BEFORE 0 AFTER 0
CONSTRUCTION

ADDRESS 115 West Washington St. NO. OF BLDGS ON PARCEL: BEFORE 0 AFTER 1
Indianapolis, IN 46204 CONSTRUCTION

TELEPHONE (970) 242-0009 USE OF ALL EXISTING BLDGS N/A

APPLICANT Thompson-Langford Copration DESCRIPTION OF WORK & INTENDED USE: _____

ADDRESS 529 25 1/2 Road, Ste. B-210 GJ, CO Food Service - HOP

TELEPHONE (970) 243-6067

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

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE C-1 LANDSCAPING/SCREENING REQUIRED: YES NO _____

SETBACKS: FRONT: 15 from Property Line (PL) or
from center of ROW, whichever is greater
SIDE: 0 from PL REAR: 10 from PL

PARKING REQUIREMENT: YES

SPECIAL CONDITIONS: PER APPROVED

MAXIMUM HEIGHT 40 SITE PLAN

MAXIMUM COVERAGE OF LOT BY STRUCTURES N/A CENSUS TRACT 9 TRAFFIC ZONE 9 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.

Four (4) sets of final construction drawings must be submitted and stamped by City Engineering prior to issuing the Planning Clearance. One stamped set must be available on the job site at all times.

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's Signature [Signature] Date 10/4/01

Department Approval [Signature] Date 3-4-02

Additional water and/or sewer tap fee(s) are required: YES <input checked="" type="checkbox"/> NO _____	W/O No. <u>14676</u>
Utility Accounting <u>[Signature]</u>	Date <u>3-21-02</u>

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

(White: Planning) (Yellow: Customer) (Blue: Staff)

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use	
BUILDING OWNER'S NAME <i>I HOP (International House of Pancakes)</i>			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>2420 Hwy 6850</i>			Company NAIC Number	
CITY <i>Grand Junction</i>	STATE <i>CO</i>	ZIP CODE <i>81505</i>		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Mesa Mall Lot 2 Parcel # 2945-092-10-025</i>				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <i>Restaurant</i>				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>Grand Junction</i>		B2. COUNTY NAME <i>Mesa</i>		B3. STATE <i>CO</i>	
B4. MAP AND PANEL NUMBER <i>080117003</i>	B5. SUFFIX <i>E</i>	B6. FIRM INDEX DATE <i>July 15 1992</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) <i>AR</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>4546.4</i>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): *Westwater Floodplain Study*

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: *n/a*

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A' (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum *Local* Conversion/Comments *Local datum -0.9 = NGVD 1929*

Elevation reference mark used *S 1/4 west line S:4* Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) *4551.2* ft. (m)

b) Top of next higher floor *n/a* ft. (m)

c) Bottom of lowest horizontal structural member (V zones only) *n/a* ft. (m)

d) Attached garage (top of slab) *n/a* ft. (m)

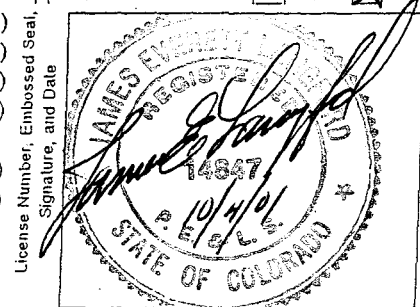
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) *4551.2* ft. (m)

f) Lowest adjacent (finished) grade (LAG) *4551.2* ft. (m)

g) Highest adjacent (finished) grade (HAG) *4551.2* ft. (m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade *0*

i) Total area of all permanent openings (flood vents) in C3.h *0* sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME <i>James R. Longford</i>	LICENSE NUMBER <i>17847</i>
TITLE <i>Project Engineer</i>	COMPANY NAME <i>Thompson Land and Eng.</i>
ADDRESS <i>529 25 1/2 Rd., Suite B310</i>	CITY <i>Grand Junction</i>
SIGNATURE <i>James R. Longford</i>	DATE <i>10/14/01</i>
	STATE <i>CO</i>
	ZIP CODE <i>81505</i>
	TELEPHONE <i>(970) 243-6067</i>

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2420 Hwy 6 #50			Policy Number
CITY Grand Junction	STATE CO	ZIP CODE 81505	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number ____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ____ ft.(m) ____ in.(cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ____ ft.(m) ____ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME
James B Langford Thompson - Langford Corp.

ADDRESS
529 25 1/2 Suite B210

CITY
Grand Junction

STATE
CO

ZIP CODE
81505

SIGNATURE
James B Langford

DATE
10/4/01

TELEPHONE
(970) 243-6067

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS

Check here if attachments