

Planning \$ <u>5.00</u>	Drainage \$ <u>0</u>
TCP \$ <u>0</u>	School Impact \$ <u>0</u>

BLDG PERMIT NO. <u>90211</u>
FILE # _____

## PLANNING CLEARANCE

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

THIS SECTION TO BE COMPLETED BY APPLICANT

BUILDING ADDRESS 2635 N. 7<sup>TH</sup> ST.

SUBDIVISION \_\_\_\_\_

FILING \_\_\_\_\_ BLK \_\_\_\_\_ LOT \_\_\_\_\_

OWNER ST. MARY'S HOSPITAL

ADDRESS 2635 N. 7<sup>TH</sup>

TELEPHONE 244-2170

APPLICANT JOHN NEWELL

ADDRESS 553 25 1/2 ROAD

TELEPHONE 242-3548

TAX SCHEDULE NO. 2945-112-00-971

CURRENT FAIR MARKET VALUE OF STRUCTURE \$ 52,755,79.<sup>00</sup>

ESTIMATED REMODELING COST \$ 250,000 (EST.)

NO. OF DWELLING UNITS: BEFORE 0 AFTER 0  
CONSTRUCTION

USE OF ALL EXISTING BLDGS HOSPITAL

DESCRIPTION OF WORK & INTENDED USE: \_\_\_\_\_  
RISK MANAGEMENT & EMPLOYEE  
HEALTH REMODEL, relocate  
interior walls

✓ 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 PD

PARKING REQUIREMENT: N/A

LANDSCAPING/SCREENING REQUIRED: YES \_\_\_\_\_ NO X

SPECIAL CONDITIONS: \_\_\_\_\_

CENSUS TRACT \_\_\_\_\_ TRAFFIC ZONE \_\_\_\_\_ 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 [Signature] Date 7-1-03

Department Approval [Signature] Date 7/1/03

Additional water and/or sewer tap fee(s) are required?	YES	<u>NO</u>	W/O No. _____
Utility Accounting	<u>[Signature]</u>		Date <u>7/1/03</u>

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

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