

Planning \$ <u>pd</u>	Drainag. <u>N/A</u>
TCP \$ <u>N/A</u>	School Impact \$ <u>N/A</u>



~~87842~~

JG PERMIT NO. None 88211

FILE # MSP-2002-156

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

THIS SECTION TO BE COMPLETED BY APPLICANT

per Assessor

BUILDING ADDRESS 2021 N 12TH ST

SUBDIVISION N/A

FILING _____ BLK _____ LOT _____

OWNER COLD WEST HEALTH CARE SYSTEM-
COMMUNITY HOSPITAL

ADDRESS 2021 N 12TH ST

TELEPHONE 242-0920

APPLICANT ROY T. BLYTHE

ADDRESS 618 ROOD AVE GJ, CO

TELEPHONE 242-1058

TAX SCHEDULE NO. 2945-111-00-971

CURRENT FAIR MARKET VALUE OF STRUCTURE \$ 5,018,660
~~25 MILLION~~

ESTIMATED REMODELING COST \$ 350,000 - = 7%

NO. OF DWELLING UNITS: BEFORE 0 AFTER 0
CONSTRUCTION

USE OF ALL EXISTING BLDGS HOSPITAL

DESCRIPTION OF WORK & INTENDED USE:
REMODEL EXISTING ENTRY AND
ADD CANOPY

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: no change

LANDSCAPING/SCREENING REQUIRED: YES _____ NO _____

SPECIAL CONDITIONS: sign & fence permits
to be issued separately

CENSUS TRACT 5 TRAFFIC ZONE 27 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).

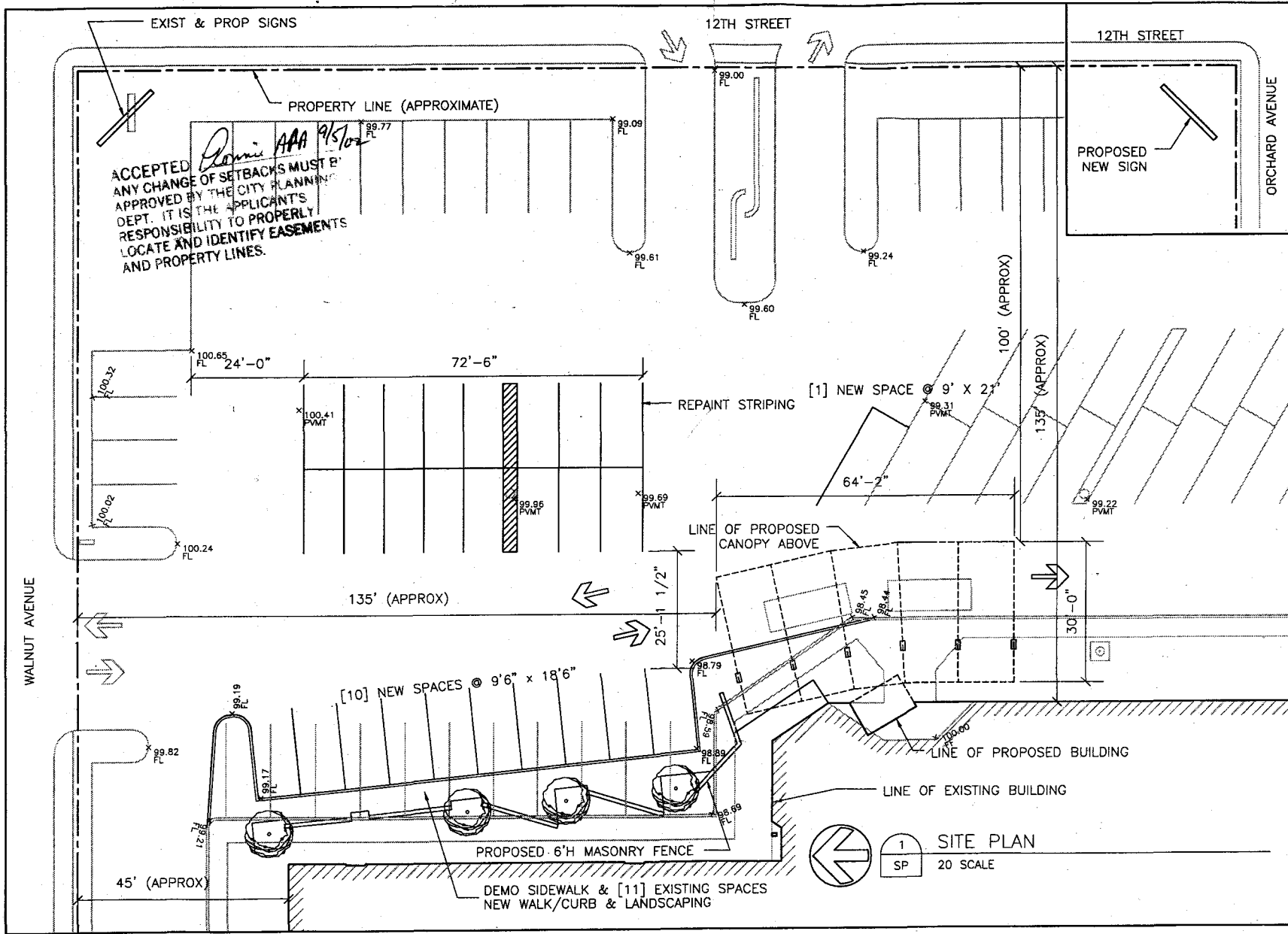
Applicant's Signature *Roy T. Blythe* Date 7/12/02

Department Approval *Ronnie Edwards* Date 9/5/02

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. _____
Utility Accounting <u><i>Tracy Shafer</i></u>			Date <u>9/5/02</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)



3D + co

Shyla Design + co.
 618 Road Avenue
 Grand Junction, CO 81501
 Ph. (970)242-1058
 Fax. (970)242-2288

COMMUNITY HOSPITAL

2021 N 12TH STREET
 GRAND JUNCTION
 COLORADO

SITE PLAN

NOT FOR CONST

REVISIONS

DATE

07/22/02

Scale 20 SCALE

Drawn JBS

Sheet SP

1 SITE PLAN
 SP 20 SCALE