Planning \$ 10.00 PLANNING CI	FARANCE (b) BLDG PERMIT NO.
TCP\$ (Multifamily & Nonresidential Ren	
Drainage \$ Community Develor	oment Department
SIF\$	
Building Address 2021 N. 12" 5TREET Parcel No. 2945-11-00 971 Subdivision Filing Block Lot OWNER INFORMATION: Name Community Hospital Address 2021 N. 12" 5TREET City/State/Zip GRAND TONOTON 81501 APPLICANT INFORMATION: Name SAMC	Multifamily Only: No. of Existing Units No. Proposed Sq. Ft. of Existing Sq. Ft. Proposed Sq. Ft. of Lot / Parcel Ag. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) DESCRIPTION OF WORK & INTENDED USE: Remodel Addition Change of Use (*Specify uses below) Other: Other: The Change of Use: *FOR CHANGE OF USE:
Address	*Proposed Use: WAIK IN COCKER
City / State / Zip Telephone 256 - 6298	Estimated Remodeling Cost \$
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 COM	MUNITY DEVELOPMENT DEPARTMENT STAFF
ZONE PD	Maximum coverage of lot by structures
SETBACKS: Front from property line (PL)	Landscaping/Screening Required: YESNO_X
Sidefrom PL Rearfrom PL	A 1 / A
Maximum Height of Structure(s)	Special Conditions:
Ingress / Egress Voting District Location Approval_ (Engineer's Initials)	
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 200 20 1000	Date 11 / 10 (o 4

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

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

YES

Department Approval

Utility Accounting

Additional water and/or sewer tap fee(s) are required:

Date_

Date

W/O No.

NO