Planning \$ 5.00	Drainage \$	( <u>@</u>	BLDG PERMIT NO.
TCP\$	School Impact \$		FILE#

## **PLANNING CLEARANCE**

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

** THIS SECTION TO BE	E COMPLETED BY APPLICANT ®				
BUILDING ADDRESS 2635 N 715	TAX SCHEDULE NO. 2945 - 112 - 00 971				
SUBDIVISION	CURRENT FAIR MARKET VALUE OF STRUCTURE \$ 52,755,79				
FILING BLK LOT	ESTIMATED REMODELING COST \$ 20,000				
OWNER S+ Mary's Hospital	NO. OF DWELLING UNITS: BEFORE AFTER CONSTRUCTION				
ADDRESS 2635 N 7Th St. 6100 81501	USE OF ALL EXISTING BLDGS HOSPITAL				
TELEPHONE	DESCRIPTION OF WORK & INTENDED USE:				
APPLICANT FCI Constructors					
ADDRESS BOX 1767 GJ	3rd Fl. Telenetry				
TELEPHONE 4349093					
✓ Submittal requirements are outlined in the SSID (Submittal S	tandards for Improvements and Development) document.				
THIS SECTION TO BE COMPLETED BY COMM  ZONE   PARKING REQUIREMENT:   LANDSCAPING/SCREENING REQUIRED: YES NO   X					
I hereby acknowledge that I have read this application and the inform	, by the Community Development Department Director. The structure ction has been completed and a Certificate of Occupancy has been Code). Required improvements in the public right-of-way must be juired site improvements must be completed or guaranteed prior to by this permit shall be maintained in an acceptable and healthy e in an unhealthy condition is required by the Grand Junction Zoning ation is correct; I agree to comply with any and all codes, ordinances, d that failure to comply shall result in legal action, which may include				
Applicant's Signature  Department Approval  Magn	Date 1-22-04				
Additional water and/or sewer tap fee(s) are required: YES  Utility Accounting	W/O No Clan Only Oue Date - 2 - Off				
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning and Development Code)					

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