

Planning \$ <u>5.00</u>
TCP \$
Drainage \$
SIF\$

PLANNING CLEARANCE
 (Multifamily & Nonresidential Remodels and Change of Use)
Community Development Department

BLDG PERMIT NO.
FILE #

Building Address 2518, B-4 BROADWAY
 Parcel No. 2945-153-05-003
 Subdivision Redlands Marketplace
 Filing 2 Block _____ Lot 3

Multifamily Only:
 No. of Existing Units _____ No. Proposed _____
 Sq. Ft. of Existing _____ Sq. Ft. Proposed _____
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) _____

OWNER INFORMATION:

Name ABBY FOWLES
 Address 407 E. GROVES DR
 City / State / Zip 65681505

DESCRIPTION OF WORK & INTENDED USE:
 Remodel Addition
 Change of Use (*Specify uses below)
 Other: _____

APPLICANT INFORMATION:

Name PAUL KARBUS
 Address 2625 MESA AVE
 City / State / Zip 65681501
 Telephone 242-6834

* FOR CHANGE OF USE:
 *Existing Use: RETAIL
 *Proposed Use: RETAIL

Estimated Remodeling Cost \$ 50,000.00
 Current Fair Market Value of Structure \$ 587,070.00

Furniture store less than 50 employees
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 COMMUNITY DEVELOPMENT DEPARTMENT STAFF			
ZONE <u>C-1</u>	Maximum coverage of lot by structures _____		
SETBACKS: Front _____ from property line (PL)	Landscaping/Screening Required: YES _____ NO <u>X</u>		
Side _____ from PL Rear _____ from PL	Parking Requirement <u>N/A</u>		
Maximum Height of Structure(s) _____	Special Conditions: <u>Interior remodel</u>		
Voting District _____	Ingress / Egress Location Approval <u>only</u>	(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 Paul Karbus Date 10-28-04
 Department Approval [Signature] Date 10-28-04

Additional water and/or sewer tap fee(s) are required:	YES	NO <u>X</u>	W/O No. _____
Utility Accounting <u>[Signature]</u>	Date <u>10/28/04</u>		

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)