

Planning \$	5.00
TCP \$	0
Drainage \$	0
SIF\$	0

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

BLDG PERMIT NO.
FILE #

Building Address 2501 Little Boeckel Dr
 Parcel No. 2945-111-110-019
 Subdivision _____
 Filing _____ Block _____ Lot _____

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 Five Star Quality Care
 Address 700 South Highway b
 City / State / Zip Omaha NE 68028-7923

DESCRIPTION OF WORK & INTENDED USE:
 Remodel Addition
 Change of Use (*Specify uses below)
 Other: plumbing, fire, hvac, mechanical upgrades to building.
 * FOR CHANGE OF USE:

APPLICANT INFORMATION:

Name Dave Hinesley, RL Fauss Bldgs Inc.
 Address 839 South Broad Street
 City / State / Zip Fremont, NE 68025
 Telephone 402-941-2437

*Existing Use: Care Facility
 *Proposed Use: Upgrade Care Facility
 Estimated Remodeling Cost \$ 176,059.00
 Current Fair Market Value of Structure \$ 3,084,290.00

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>B-1</u>	Maximum coverage of lot by structures _____
SETBACKS: Front _____ from property line (PL)	Landscaping/Screening Required: YES _____ NO _____
Side _____ from PL Rear _____ from PL	Parking Requirement _____
Maximum Height of Structure(s) _____	Special Conditions: _____
Voting District _____	Ingress / Egress 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 [Signature] Date 7/27/04
 Department Approval [Signature] Date 7/27/04

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No.
Utility Accounting <u>[Signature]</u>	Date <u>7/27/04</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)