

Planning \$ <u>5.00</u>	Drainage \$
TCP \$	School Impact \$

Q

BLDG PERMIT NO.
FILE #

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

\* THIS SECTION TO BE COMPLETED BY APPLICANT \*

BUILDING ADDRESS <u>750 Wellington Ave</u>	TAX SCHEDULE NO <u>2945-111-32-972</u>
SUBDIVISION _____	CURRENT FAIR MARKET VALUE OF STRUCTURE \$ <u>1,730,650</u>
FILING _____ BLK _____ LOT _____	ESTIMATED REMODELING COST \$ <u>1,000,000</u>
OWNER <u>St Mary's Hospital &amp; Medical Center, Inc</u>	NO. OF DWELLING UNITS: BEFORE <u>0</u> AFTER <u>0</u>
ADDRESS <u>2635 N 7th St</u>	CONSTRUCTION _____
TELEPHONE <u>970-434-9000</u>	USE OF ALL EXISTING BLDGS <u>Medical facility</u>
APPLICANT <u>FCJ Constructors</u>	DESCRIPTION OF WORK & INTENDED USE: <u>Tenant finish</u>
ADDRESS <u>3070 I-70 B, Building A PO Box 1767</u>	_____
TELEPHONE <u>970-434-4043</u>	_____

✓ 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 <u>PD</u>	SPECIAL CONDITIONS: <u>Interior Remedal</u>
PARKING REQUIREMENT: <u>N/A</u>	<u>only</u>
LANDSCAPING/SCREENING REQUIRED: YES _____ NO <u>X</u>	CENSUS TRACT _____ TRAFFIC ZONE _____ 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 <u>James O'Keefe</u>	Date <u>3-4-04</u>
Department Approval <u>Y/ishi Aragon</u>	Date <u>3/4/04</u>

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>81637-46301</u>
Utility Accounting <u>Colte Elsbury</u>			Date <u>3/4/04</u>

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning and Development Code)

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