

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

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

BLDG PERMIT NO.
FILE #

12219-7608

Building Address 1120 Wellington Ave  
 Parcel No. 2945-111-25-007  
 Subdivision \_\_\_\_\_  
 Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Multifamily Only:  
 No. of Existing Units \_\_\_\_\_ No. Proposed \_\_\_\_\_  
 Sq. Ft. of Existing 1100 Sq. Ft. Proposed 1100  
 Sq. Ft. of Lot / Parcel \_\_\_\_\_  
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface  
 (Total Existing & Proposed) \_\_\_\_\_

**OWNER INFORMATION:**

Name Primary Care (CARL FEGALI)  
 Address 1120 Wellington  
 City / State / Zip GRAND JCT, CO. 81501

**DESCRIPTION OF WORK & INTENDED USE:**

Remodel  Addition  
 Change of Use (\*Specify uses below)  
 Other: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name Jim West Builder  
 Address 759 Horizon Drive Suite E  
 City / State / Zip 65/40/81506  
 Telephone 242-4310

**\* FOR CHANGE OF USE:**

\*Existing Use: DOCTOR'S OFFICE  
 \*Proposed Use: SAME

Estimated Remodeling Cost \$ ~~30,000~~ 18,000.00  
 Current Fair Market Value of Structure \$ 143,580.00

**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 <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 _____ (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 Jim West Date 11/08/04  
 Department Approval Wishu Wagon Date 11/8/04

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/Q No. <u>Interior Remodel</u>
Utility Accounting <u>Water Sewer</u>	Date <u>11-8-04</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)