

|             |      |
|-------------|------|
| Planning \$ | 5.00 |
| TCP \$      | Ø    |
| Drainage \$ | Ø    |
| SIF\$       | Ø    |

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

|                 |
|-----------------|
| BLDG PERMIT NO. |
| FILE #          |

Building Address 2323 Nth 7th  
Parcel No. 2945-111-00-107  
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 St Mary's Hospital  
Address 2635 N. 7th  
City / State / Zip G.J. Co. 81501

**DESCRIPTION OF WORK & INTENDED USE:**

Remodel  Addition  
 Change of Use (\*Specify uses below)  
 Other: Interior Remodel  
Remove walls, Paint & Patch.  
\* FOR CHANGE OF USE:

**APPLICANT INFORMATION:**

Name K&B Enterprises  
Address 2525 High Country Ct  
City / State / Zip G.J. Co. 81501  
Telephone 245-2046

\*Existing Use: \_\_\_\_\_  
\*Proposed Use: \_\_\_\_\_

Estimated Remodeling Cost \$ 880,000

Current Fair Market Value of Structure \$ 396,640.00

**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 <u>20'</u> from property line (PL) | Landscaping/Screening Required: YES _____ NO _____                |
| Side <u>0'</u> from PL Rear <u>15'</u> from PL     | Parking Requirement _____   |
| Maximum Height of Structure(s) _____               | Special Conditions: <u>Approved per plan</u>                      |
| Voting District _____                              | Ingress / Egress Location Approval _____<br>(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 7-21-05

Department Approval [Signature] Date 7-21-05

|   |
|---|
| Additional water and/or sewer tap fee(s) are required: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> W/O No. |
| Utility Accounting <u>[Signature]</u> Date <u>7/21/05</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)