

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 #

12187-7585

Building Address 2635 N. 7TH ST.
 Parcel No. 2945-112-00-971
 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 ST.
 City / State / Zip GJ Co. 81502

DESCRIPTION OF WORK & INTENDED USE:

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

*** FOR CHANGE OF USE:**

*Existing Use: _____
 *Proposed Use: _____

APPLICANT INFORMATION:

Name PNCI CONSTRUCTION INC
 Address 553 25 1/2 RD
 City / State / Zip G.J. Co. 81505
 Telephone (970) 242-3548

Estimated Remodeling Cost \$ 250,000.00/100
49,427,140.
 Current Fair Market Value of Structure \$ ~~8,718,620.00~~

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>PD</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: _____
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 Frank P. De Santis Date SEPTEMBER 28, 2005
 Department Approval Gayleen Henderson Date 9-28-05

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. <u>Additional beds just moving walls</u>
Utility Accounting <u>Marshall Cole</u>	Date <u>9/28/05</u>	<u>NICK before NICK after</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)