Planning \$ 5.00 PLANNING CL	EARANCE BLDG PERMIT NO.
TCP\$ (Multifamily & Nonresidential Rem	
Drainage \$ Community Develop	ment Department
SIF\$ 237 Sq. 7115+	Advance Pharmacy
Building Address 417 Main 35	Multifamily Only: No. of Existing Units No. Proposed
Parcel No. 2945 - 144 - 30 - 008	Sq. Ft. of Existing Sq. Ft. Proposed
Subdivision 127 19+20	Sq. Ft. of Lot / Parcel
Filling Block H3 Lot 344	Sq. Ft. Coverage of Lot by Structures & Impervious Surface
OWNER INFORMATION:	(Total Existing & Proposed)
Name Don Jens of Fred Stypleton	DESCRIPTION OF WORK & INTENDED USE: Remodel Addition
Address 744 Horizon Ct.	Change of Use (*Specify uses below) Other:
City / State / Zip 3506	* FOR CHANGE OF USE:
APPLICANT INFORMATION:	*Existing Use: KATAII - Old NAPA STOYR
Name ford Construction	*Proposed Use: Office USE / warehous
Address 719 Acrowst Rd. Surket	· · · · · · · · · · · · · · · · · · ·
City/State/Zip Grand Jct. Co 81505	Estimated Remodeling Cost \$
Telephone <u>245</u> -9347	Current Fair Market Value of Structure \$ 100,000
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 COMM	MUNITY DEVELOPMENT DEPARTMENT STAFF
zone <u>B-2</u>	Maximum coverage of lot by structures N/R
SETBACKS: Front 15' from property line (PL)	Landscaping/Screening Required: YESNOX
Side from PL Rear from PL	Parking Requirement
Maximum Height of Structure(s)	Special Conditions: <u>Interior remedel</u> only
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	Date > -3 1-0 5
Department Approval 1/1/Shc hage	Date <u>5-3/-05</u>
Additional water and/or sewer tap fee(s) are required: YES	NO W/O No.
1000010010	
Utility Accounting	Date NO Manufactur no poktal

(Pink: Building Department)

(White: Planning)

(Yellow: Customer)

(Goldenrod: Utility Accounting)