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

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Community Development Department

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

Building Address 2869 Aviators Wy #7
Parcel No. 2705311-04-007
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 Mesa Services Inc
Address 2869 AVIATORS Wy #7
City / State / Zip _____

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name Tom Farnley
Address 1669 ARTHUR CT.
City / State / Zip GJ CO. 81505
Telephone 1640-9944

*** FOR CHANGE OF USE:**

*Existing Use: Hanger
*Proposed Use: Hanger w/ Bathroom

Estimated Remodeling Cost \$ _____

Current Fair Market Value of Structure \$ _____

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 PAD Maximum coverage of lot by structures _____
SETBACKS: Front _____ from property line (PL) Landscaping/Screening Required: YES _____ NO _____
Side _____ from PL Rear _____ from PL Parking Requirement _____
Maximum Height of Structure(s) _____ Special Conditions: Interior Remodel
Voting District _____ Ingress / Egress Location Approval _____ no change in use
(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 3/15/05

Department Approval [Signature] Date 3/15/05

| | | | |
|--|--------------------|--|---------------------------|
| Additional water and/or sewer tap fee(s) are required: | YES | NO <input checked="" type="checkbox"/> | W/O No. <u> </u> |
| Utility Accounting | <u>[Signature]</u> | Date | <u>3/15/05</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)