

Planning \$	500
TCP \$	0
Drainage \$	0
SIF\$	0

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

BLDG PERMIT NO.
FILE #

Building Address 622 West Gunnison Ave  
Parcel No. 2945-151-11-005  
Subdivision Six & Fifty West  
Six & 50 West  
Filing 2 Block 5 Lot 5

Multifamily Only:  
No. of Existing Units \_\_\_\_\_ No. Proposed \_\_\_\_\_  
Sq. Ft. of Existing 5000 Sq. Ft. Proposed no change  
Sq. Ft. of Lot / Parcel \_\_\_\_\_  
Sq. Ft. Coverage of Lot by Structures & Impervious Surface  
(Total Existing & Proposed) \_\_\_\_\_

**OWNER INFORMATION:**

Name Rotech Healthcare  
Address 326 Main St Ste 230  
City / State / Zip Grand Jct, CO 81501

**DESCRIPTION OF WORK & INTENDED USE:**

Remodel  Addition  
 Change of Use (\*Specify uses below)  
 Other: interior remodel only

**APPLICANT INFORMATION:**

Name Koos Construction  
Address 2050 Wrangler Ct  
City / State / Zip Grand Jct, CO 81503  
Telephone contact Jeff Piper 970.201.1354

\* FOR CHANGE OF USE:  
\*Existing Use: \_\_\_\_\_  
\*Proposed Use: \_\_\_\_\_  
Estimated Remodeling Cost \$ 4,000.  
Current Fair Market Value of Structure \$ 455,160.

**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>C-2</u>	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: _____
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 [Signature] Date 04/05/05

Department Approval Dayleen Henderson Date 4-5-05

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. _____
Utility Accounting <u>[Signature]</u>	Date	<u>4/5/05</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)