

Planning \$ <u>5.00</u>
TCP \$
Drainage \$
SIF\$

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

BLDG PERMIT NO.
FILE #

54205-7534
Grand Jct

Building Address 2501 Little Bookcliff
Parcel No. 2945 11-16-019
Subdivision La Villa Grande
Filing _____ Block 1 Lot 4

Multifamily Only:
No. of Existing Units 1 No. Proposed 0
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 Five star Quality care, Inc
Address 2501 Little Bookcliff Dr.
City / State / Zip Grand Jct CO 81501

DESCRIPTION OF WORK & INTENDED USE:

Remodel Addition
 Change of Use (*Specify uses below)
 Other: Converting Bedrooms into Occ. therapy & Physical therapy

APPLICANT INFORMATION:

Name complete const -
Address 424 32nd #274
City / State / Zip Clifton CO 81520
Telephone _____

* FOR CHANGE OF USE:
*Existing Use: Bedrooms 204+202 + 201 + 203
*Proposed Use: Converting rooms 201 + 202 into Occ. therapy 204 + 202 Physical therapy
Estimated Remodeling Cost \$ 46,900
Current Fair Market Value of Structure \$ 2,847,150.00

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 B-1 Maximum coverage of lot by structures N/A
SETBACKS: Front 15' from property line (PL) Landscaping/Screening Required: YES _____ NO X
Side 0' from PL Rear 0' from PL Parking Requirement N/A
Maximum Height of Structure(s) 40' Special Conditions: Interior remodel
Voting District _____ Ingress / Egress Location Approval only
(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 8/30/05
Department Approval [Signature] Date 8/30/05

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No <u>No chg in use</u>
Utility Accounting <u>[Signature]</u>	Date <u>8/30/05</u>		