

Planning \$	<del>1000</del>
TCP \$	9
Drainage \$	10
SIF\$	10

# PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

**Community Development Department**

AKA: 496 1/2 melody lane #7

BLDG PERMIT NO.

FILE #

Building Address 2889 North Ave  
 Parcel No. 2943-181-05 024  
 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 Deborah P. Clone  
 Address 2889 North Ave  
 City / State / Zip #600 CO

DESCRIPTION OF WORK & INTENDED USE:  
 Remodel  Addition  
 Change of Use (\*Specify uses below)  
 Other: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name Mark Shroy  
 Address 3708 Elk Rd  
 City / State / Zip Clifton CO 81520  
 Telephone 2166539

\* FOR CHANGE OF USE:  
 \*Existing Use: Deli  
 \*Proposed Use: Deli  
 Estimated Remodeling Cost \$ 4,003  
 Current Fair Market Value of Structure \$ 459,030.00

**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 C-1 Maximum coverage of lot by structures \_\_\_\_\_  
 SETBACKS: Front \_\_\_\_\_ from property line (PL) Landscaping/Screening Required: YES \_\_\_\_\_ NO X  
 Side \_\_\_\_\_ from PL Rear \_\_\_\_\_ from PL Parking Requirement N/A  
 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 Mark Shroy Date \_\_\_\_\_  
 Department Approval C. Faye Hall Date 8/3/05

Additional water and/or sewer tap fee(s) are required: YES  NO  W/O No. \_\_\_\_\_  
 Utility Accounting Clearport Date 8/3/05

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)



**RENEWAL APPLICATION FOR LICENSE TO  
CONDUCT A RETAIL FOOD ESTABLISHMENT**

(Please send application and payment to the address at the bottom of the renewal form.)

Market, the 2889 North Avenue Grand Junction CO 81501 ATTN Lynda Humbles
---

*Close*

*Record #605  
ID 10/16/02  
Inactive 12-3*

**DO NOT USE THIS FORM IF THERE HAS BEEN A CHANGE IN OWNERSHIP.  
Contact the health agency noted below for an original application form and approval.  
THIS APPLICATION FOR LICENSE WILL BE REJECTED UNLESS PROPER PAYMENT IS ATTACHED.**

Taxpayer Name Lynda Humbles							Estab ID 101622
DBA Market, the							
ACCOUNT NUMBER Use for all reference	LIABILITY INFORMATION					LICENSE FOR THE YEAR	DUE DATE MO DAY YEAR
	COUNTY	CITY	INDUST	TYPE	LIABILITY DATE		
40-96975-0000	08	18	08		7/1/2002	2003	12/31/2002

Sanitarian  
221

LOCATION ADDRESS	2889 North Avenue Grand Junction CO 81501
------------------	--

**KEEP THIS COPY**

In consideration thereof, I do hereby certify that I have complied with all the items of sanitation as listed in the Colorado State Retail Food Establishment Code, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment. I do hereby agree that in the event that the items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Authorized Signature	Title	Date	\$110.00	3274-750(999)
----------------------	-------	------	----------	---------------

▼ RETURN COPY BELOW - DETACH HERE ▼



**RENEWAL APPLICATION FOR LICENSE TO  
CONDUCT A RETAIL FOOD ESTABLISHMENT**

18

Taxpayer Name Lynda Humbles							Estab ID 101622
DBA Market, the							
ACCOUNT NUMBER Use for all reference	LIABILITY INFORMATION					LICENSE FOR THE YEAR	DUE DATE MO DAY YEAR
	COUNTY	CITY	INDUST	TYPE	LIABILITY DATE		
40-96975-0000	08	18	08		7/1/2002	2003	12/31/2002

Sanitarian  
221

LOCATION ADDRESS	2889 North Avenue Grand Junction CO 81501
------------------	--

**RETURN THIS COPY**

In consideration thereof, I do hereby certify that I have complied with all the items of sanitation as listed in the Colorado State Retail Food Establishment Code, and that I have complied with all orders given me by authorized inspectors of the Colorado Department of Public Health and Environment. I do hereby agree that in the event that the items of sanitation are not complied with, I will discontinue serving food until such time as requirements are met.

Authorized Signature	Title	Date	\$110.00	3274-750(999)
----------------------	-------	------	----------	---------------

MAIL THIS PORTION OF APPLICATION WITH A CHECK OR MONEY ORDER PAYABLE TO:

Mesa County Environmental Health  
Attn: Env. Health  
515 Patterson Road  
Grand Junction, CO 81506  
PLEASE DO NOT WRITE BELOW THIS LINE