

Planning \$	5, —
TCP \$	—
Drainage \$	—
SIF\$	—

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Community Development Department

BLDG PERMIT NO. _____

FILE # _____

Building Address 2021 N 12th STREET

Parcel No. 2945-111-00-971

Subdivision _____

Filing _____ Block _____ Lot _____

OWNER INFORMATION:

Name COMMUNITY HOSPITAL

Address 2021 N 12th STREET

City / State / Zip GRAND JUNCTION CO 81501

APPLICANT INFORMATION:

Name Wesley Whitaker

Address 2021 N 12th STREET

City / State / Zip GJ 81501 CO

Telephone 201-0769

Multifamily Only:
No. of Existing Units _____ No. Proposed _____

Sq. Ft. of Existing 480 Sq. Ft. Proposed 480

Sq. Ft. of Lot / Parcel _____

Sq. Ft. Coverage of Lot by Structures & Impervious Surface
(Total Existing & Proposed) _____

DESCRIPTION OF WORK & INTENDED USE:

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

*** FOR CHANGE OF USE:**

*Existing Use: MRI

*Proposed Use: MRI Remodel

Estimated Remodeling Cost \$ 55,000

Current Fair Market Value of Structure \$ 4,316,150

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>PD</u>	Maximum coverage of lot by structures _____
SETBACKS: Front _____ from property line (PL)	Landscaping/Screening Required: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Side _____ from PL Rear _____ from PL	Parking Requirement _____
Maximum Height of Structure(s) _____	Special Conditions: <u>interior MRI room w/ grading</u>
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 2/6/06

Department Approval [Signature] Date 2-6-06

Additional water and/or sewer tap fee(s) are required: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	W/O No. _____
Utility Accounting <u>[Signature]</u>	Date <u>2/6/06</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)