

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 _____

Multifamily Only:
No. of Existing Units _____ No. Proposed _____
Sq. Ft. of Existing 200.8 Sq. Ft. Proposed 266.6
Sq. Ft. of Lot / Parcel _____
Sq. Ft. Coverage of Lot by Structures & Impervious Surface
(Total Existing & Proposed) _____

OWNER INFORMATION:

Name Community Hospital
Address 2021 N 12TH STREET
City / State / Zip GJ CO 81501

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name Wesley Whittaker
Address 2021 N 12TH STREET
City / State / Zip GJ CO 81501
Telephone 201-0169

*** FOR CHANGE OF USE:**

*Existing Use: Pharmacy
*Proposed Use: Pharmacy Remodel

Estimated Remodeling Cost \$ 8,000

Current Fair Market Value of Structure \$ 4,316,450. —

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>PO</u>	Maximum coverage of lot by structures <u>by</u>
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: <u>to enlarge opening pharmacy doorway up a curbed area</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 Wesley Whittaker Date 11/30/06

Department Approval Kathy Valdez Date 2-6-07

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)