

Planning \$ <u>10</u>
TCP \$
Drainage \$
SIF\$

# PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

**Community Development Department**

BLDG PERMIT NO.
FILE #

Building Address 2021 N<sup>th</sup> 12<sup>th</sup> ST  
 Parcel No. 2945-111-00-971  
 Subdivision \_\_\_\_\_  
 Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Multifamily Only:  
 No. of Existing Units \_\_\_\_\_ No. Proposed \_\_\_\_\_  
 Sq. Ft. of Existing \_\_\_\_\_ Sq. Ft. Proposed 1063  
 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<sup>th</sup> 12<sup>th</sup> STREET  
 City / State / Zip \_\_\_\_\_

**DESCRIPTION OF WORK & INTENDED USE:**

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

**APPLICANT INFORMATION:**

Name SAME  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Telephone 256-6248

**\* FOR CHANGE OF USE:**

\*Existing Use: PATHOLOGY  
 \*Proposed Use: PATHOLOGY  
Demo / remodel - moving walls, etc  
 Estimated Remodeling Cost \$ 20,000.00  
 Current Fair Market Value of Structure \$ 4,311,150

**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 _____ 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 4/11/06  
 Department Approval [Signature] Date 4-11-06

Additional water and/or sewer tap fee(s) are required: YES _____ NO <u>X</u> W/O No. _____
Utility Accounting <u>[Signature]</u> Date <u>4/11/06</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)