

Planning \$	5.00
TCP \$	
Drainage \$	
SIF\$	

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

BLDG PERMIT NO.
FILE #

11614-7203

Building Address 2021 N 12th STREET
Parcel No. 2945-111-00971
Subdivision G.I.
Filing _____ Block _____ Lot _____

Multifamily Only:
No. of Existing Units _____ No. Proposed _____
Sq. Ft. of Existing 19,516 Sq. Ft. Proposed 19,926
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 GRAND JUNCTION CO

APPLICANT INFORMATION:

Name WCS WHITTAKER
Address 2021 N 12th STREET
City / State / Zip GRAND JUNCTION CO
Telephone 970-201-0769

DESCRIPTION OF WORK & INTENDED USE:

Remodel Addition
 Change of Use (*Specify uses below)
 Other: Demo interior before remodeling

*** FOR CHANGE OF USE:**

*Existing Use: HOSPITAL, SURGERY, PACU, WAITING
*Proposed Use: SAME

Estimated Remodeling Cost \$ 150,00

Current Fair Market Value of Structure \$ 4,310,650

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 PD Maximum coverage of lot by structures _____
SETBACKS: Front Per S. to plan from property line (PL) Landscaping/Screening Required: YES _____ NO _____
Side _____ from PL Rear _____ from PL Parking Requirement _____
Maximum Height of Structure(s) _____ Special Conditions: This permit is good
Voting District _____ Ingress / Egress Location Approval _____
(Engineer's Initials) for demo's interior remodel.

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 7/24/06

Department Approval [Signature] Date 7/24/06

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No	<u>remodel only</u>
Utility Accounting <u>[Signature]</u>	Date <u>7/24/06</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)