

FEE \$ 10.00
 TCP \$
 SIF \$

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department

BLDG PERMIT NO. _____

11614-7203

Building Address 2021 NB 12th St.
 Parcel No. 2945-111-00-971
 Subdivision _____
 Filing _____ Block _____ Lot _____

No. of Existing Bldgs 1 No. of Proposed 1
 Sq. Ft. of Existing Bldgs 96,992 Sq. Ft. Proposed 390
 Sq. Ft. of Lot / Parcel 4.13 ACRES
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface (Total Existing & Proposed) _____
 Height of Proposed Structure _____

OWNER INFORMATION:
Colorado West Health Care Systems
 Name Community
 Address 2021 NB 12th St.
 City / State / Zip Grand Jct. Co. 81501

DESCRIPTION OF WORK & INTENDED USE:
 New Single Family Home (*check type below)
 Interior Remodel Addition
 Other (please specify): _____

APPLICANT INFORMATION:
Colorado West Health Care Systems
 Name Community Hospital
 Address 2021 NB 12th St.
 City / State / Zip Grand Jct. Co 81501
 Telephone 970-247-0920

***TYPE OF HOME PROPOSED:**
 Site Built Manufactured Home (UBC)
 Manufactured Home (HUD)
 Other (please specify): _____

NOTES: Structure will be a Glass-
- Aluminum - concrete corridor
6.5' W - 60' L - 8'-4" H.

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)	Permanent Foundation Required: YES _____ NO <u>X</u>		
Side _____ from PL Rear _____ from PL	Parking Requirement <u>N/A</u>		
Maximum Height of Structure(s) _____	Special Conditions _____		
Voting District _____	Driveway 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).

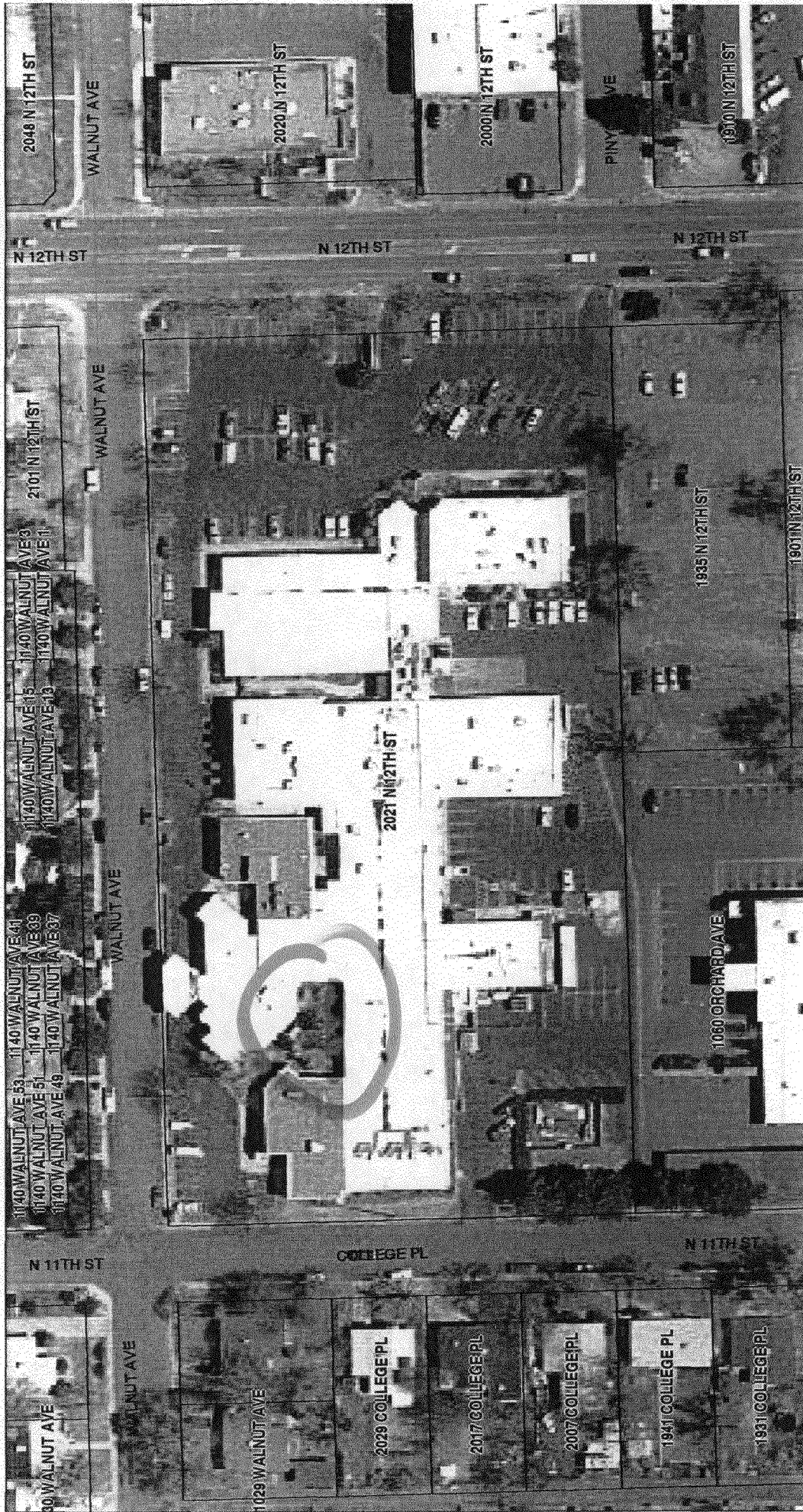
Applicant Signature [Signature] Date 8/17/06

Department Approval [Signature] Date 8/16/06

Additional water and/or sewer tap fee(s) are required: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> W/O No. <u>NO SWR Charge</u>
Utility Accounting <u>[Signature]</u> Date <u>8/16/06</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)

Community Hospital



2049 N 12TH ST
WALNUT AVE
2020 N 12TH ST
2000 N 12TH ST
PINE AVE
1910 N 12TH ST

N 12TH ST
WALNUT AVE

2101 N 12TH ST
1140 WALNUT AVE 3
1140 WALNUT AVE 1
1140 WALNUT AVE 15
1140 WALNUT AVE 13
1140 WALNUT AVE 37
1140 WALNUT AVE 41
1140 WALNUT AVE 39
1140 WALNUT AVE 49

WALNUT AVE
2021 N 12TH ST
1935 N 12TH ST
1901 N 12TH ST

1029 WALNUT AVE
WALNUT AVE
1060 ORCHARD AVE
N 11TH ST
1931 COLLEGE PL
1941 COLLEGE PL
2007 COLLEGE PL
2017 COLLEGE PL
2029 COLLEGE PL



Alisa Mason 8/16/04

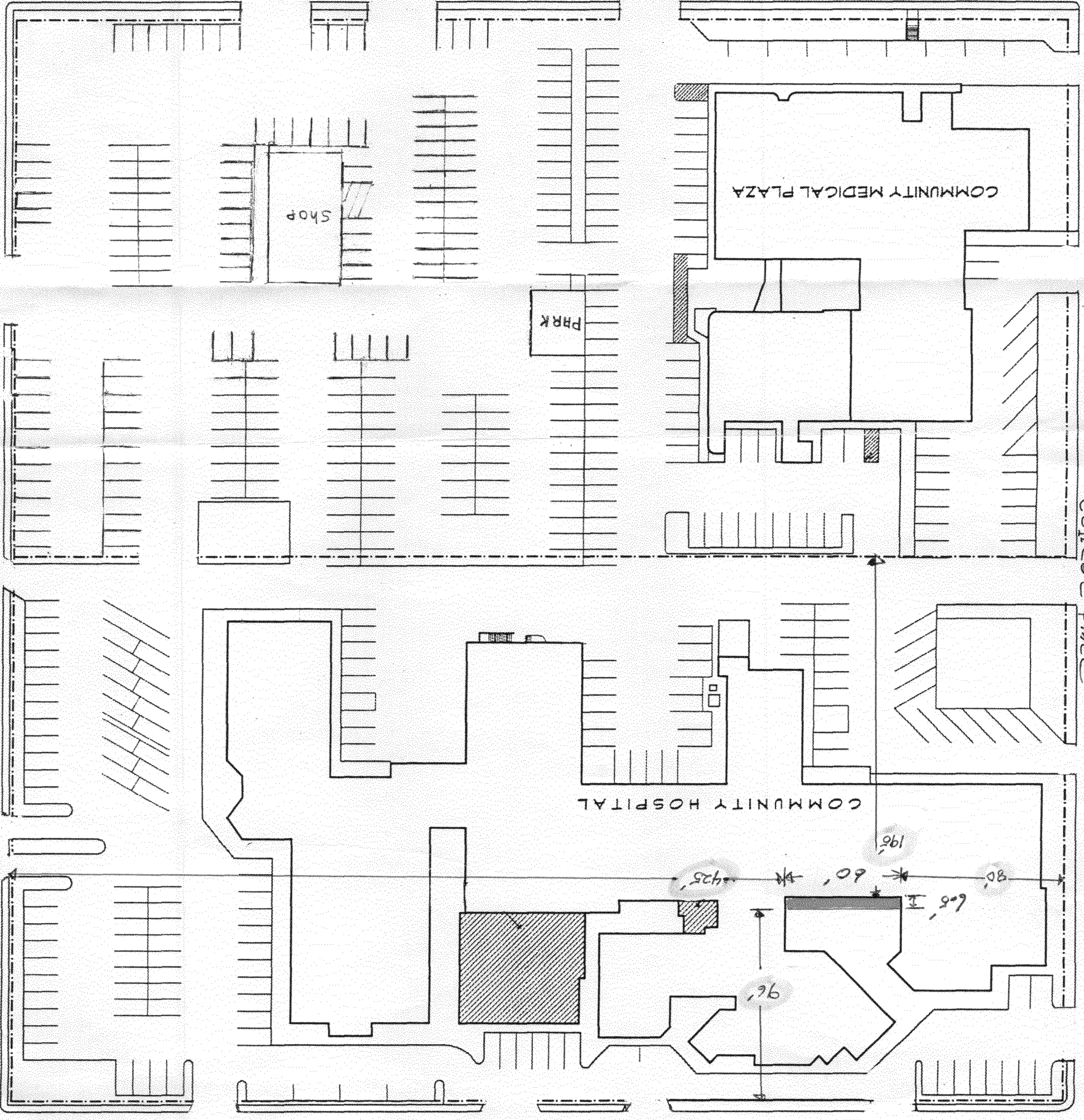
ACCEPTED
ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DEPT. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.

SET BACK FROM P.L.

Proposed ADDITION

SCALE 1" = 60'

ORCHARD AVENUE



COLLEGE PLACE

WALNUT AVENUE