

Planning \$	5.00
TCP \$	0
Drainage \$	0
SIFS	0

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Community Development Department

BLDG PERMIT NO. _____

FILE # _____

Building Address 1131 N 21st St.

Parcel No. 2945-124-27-972

Subdivision ~~6007~~ FEATHER SUBDIVISION

Filing _____ Block _____ Lot 2

OWNER INFORMATION:

Name HOME CARE OF THE GRAND VALLEY

Address 1131 N. 21 ST

City / State / Zip GRAND JCT. CO 81501

APPLICANT INFORMATION:

Name TRENT MANDEVILLE

Address 1687 Ruby Ln Dr.

City / State / Zip FROTA CO 81521

Telephone 858-7601

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

Sq. Ft. of Existing _____ Sq. Ft. Proposed _____

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: INTERIOR REMODEL OF SECOND FLOOR

* FOR CHANGE OF USE:

*Existing Use: _____

*Proposed Use: _____

Estimated Remodeling Cost \$ 25,000.00

Current Fair Market Value of Structure \$ 137,900.00

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 C-1 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: as approved

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 Trent Mandeville Date 1-17-06

Department Approval Gayleen Henderson Date 1-17-06

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. _____
Utility Accounting <u>Deerholt</u>	Date <u>1/17/06</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)