

Planning \$	5.00
TCP \$	0
Drainage \$	0
SIF\$	0

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Community Development Department

BLDG PERMIT NO.

FILE #

70175-39668

Building Address 627 25 1/2 RD GS 81505
 Parcel No. 2945-033-86-001
 Subdivision RMO Office
 Filing _____ Block 1 Lot 1

Multifamily Only:
 No. of Existing Units _____ No. Proposed _____
 Sq. Ft. of Existing 700 Sq. Ft. Proposed 700s
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) _____

OWNER INFORMATION:

Name Rocky Mt Orthopaedic
 Address 627 25 1/2 RD
 City / State / Zip GS Co 81505

DESCRIPTION OF WORK & INTENDED USE:

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

*** FOR CHANGE OF USE:**

*Existing Use: File Room
 *Proposed Use: 3 ~~Exam~~ Rooms
3 MEDICAL EXAM ROOMS
 Estimated Remodeling Cost \$ 100,000
 Current Fair Market Value of Structure \$ 2,484,920.00

APPLICANT INFORMATION:

Name PNCI Construction Inc.
 Address 553 25 1/2 RD
 City / State / Zip GS Co 81505
 Telephone (970) 242-3548

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 about the parcel.

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE I-0 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: _____
 Ingress / Egress Location Approval _____
 Voting District _____ (Engineer's Initials) Approved per plan

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 9/21/06
 Department Approval [Signature] Date 9-21-06

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. _____
Utility Accounting <u>[Signature]</u>	Date <u>9/21/06</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)