

Planning \$ <u>5.00</u>
TCP \$ <u>0</u>
Drainage \$ <u>0</u>
SIF\$ <u>0</u>

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

BLDG PERMIT NO.
FILE #

Building Address 609 26 1/2 Rd.
Parcel No. 2945-023-00-028
Subdivision _____
Filing _____ Block _____ Lot _____

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) _____

OWNER INFORMATION:

Name ST. MARY'S HOSPITAL
Address 2635 No 7th St.
City / State / Zip Grand Jct. Co. 81501

DESCRIPTION OF WORK & INTENDED USE:
 Remodel Addition
 Change of Use (*Specify uses below) DEMO ONLY
 Other: _____

APPLICANT INFORMATION:

Name WARREN DETTMER
Address 631 26 1/2 Rd.
City / State / Zip Grand Jct, Co. 81505
Telephone (970) 250-4411

* FOR CHANGE OF USE:
*Existing Use: _____
*Proposed Use: _____
Estimated Remodeling Cost \$ _____
Current Fair Market Value of Structure \$ _____

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>B-1</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: <u>demo only</u>		
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 3-30-06
Department Approval Gayleen Henderson Date 3-30-06

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>3/30/06</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)