

Planning \$ <u>5.00</u>
TCF \$
Drainage \$
SIF\$

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

BLDG PERMIT NO.
FILE #

Building Address 2333N. 6th St  
Parcel No. 2945-112-01-971  
Subdivision \_\_\_\_\_  
Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Multifamily Only:  
No. of Existing Units \_\_\_\_\_ No. Proposed \_\_\_\_\_  
Sq. Ft. of Existing 200 sq ft Sq. Ft. Proposed 200 sq ft  
Sq. Ft. of Lot / Parcel \_\_\_\_\_  
Sq. Ft. Coverage of Lot by Structures & Impervious Surface  
(Total Existing & Proposed) \_\_\_\_\_

**OWNER INFORMATION:**

Name MARILLAC MEDICAL CLINIC  
Address 2333N 6th St  
City / State / Zip GJ Co 81501

**DESCRIPTION OF WORK & INTENDED USE:**

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

**APPLICANT INFORMATION:**

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

\* FOR CHANGE OF USE:  
\*Existing Use: Central Entry Room  
\*Proposed Use: EYE EXAM LARIE  
Estimated Remodeling Cost \$ 18,000  
Current Fair Market Value of Structure \$ 553,330

**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 <u>Approved from plot plan</u> from property line (PL)	Landscaping/Screening Required: YES _____ NO _____
Side _____ from PL Rear _____ from PL	Parking Requirement _____
Maximum Height of Structure(s) _____	Special Conditions: _____
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 7/20/06  
Department Approval [Signature] Date 7/20/06

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <input checked="" type="checkbox"/>
Utility Accounting <u>[Signature]</u>	Date <u>7/20/06</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)

Office  
Copy

MARILLAC MEDICAL  
CLINIC

2333 N 6th St.  
GRAND Junction, CO  
81501  
244-2877

Contractor:-

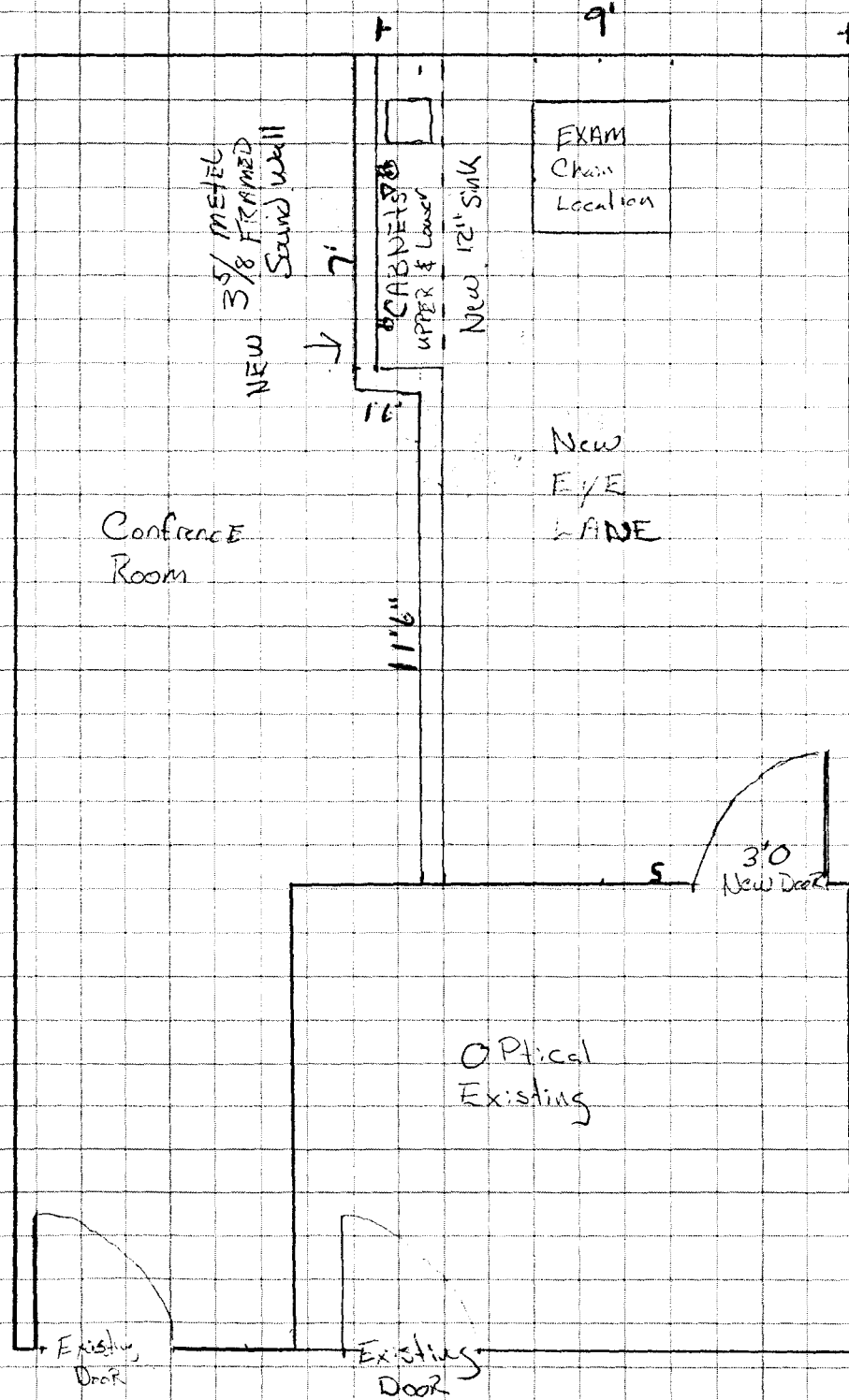
PNCI Construction

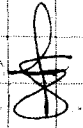
553 25 1/2 RD  
GRAND Junction  
CO, 81505

242-3548

PNCI License  
206-0884

494  
178606  
Ridge



ACCEPTED  7/20/00

ANY CHANGES MUST BE APPROVED BY THE PLANNING DEPT. OF THE COUNTY. RESPOND TO THE PLANNING DEPT. TO PROPERLY LOCATE AND VERIFY EASEMENTS AND PROPERTY LINES.

**PNCI**  
Construction Inc.  
970 242-3548

HVAC Supply From  
Floor Vent.

We will ADD Two  
New Can Light  
For indirect lighting!

