

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 # _____

Building Address 1040 Independent Ave.
 Parcel No. 2945-103-32-002
 Subdivision Replat of Independence Center
 Filing _____ Block _____ Lot 1

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 SAM'S REAL ESTATE
BUSINESS TRUST
 Address 702 SW 8TH STREET
 City / State / Zip BENTONVILLE, AR
72714

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name SHANNON JERNIGAN
WAL-MART PLANS ADMIN
 Address 2001 SE 10TH STREET
 City / State / Zip BENTONVILLE, AR
72716-0550
 Telephone 479-223-4909

* FOR CHANGE OF USE:
 *Existing Use: _____
 *Proposed Use: _____

Estimated Remodeling Cost \$ 70,000.00 *ALL INTERIOR*
 Current Fair Market Value of Structure \$ 6,033,450.00

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-2 Maximum coverage of lot by structures _____
 SETBACKS: Front 15' from property line (PL) Landscaping/Screening Required: YES _____ NO _____
 Side 0' from PL Rear 10' from PL Parking Requirement per approved
 Maximum Height of Structure(s) 40' Special Conditions: site plane
 Ingress / Egress Location Approval _____
 Voting District _____ (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 Shannon Jernigan Date 11/24/06

Department Approval Gayle Anderson Date 1-27-06

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. _____
Utility Accounting	<u>Bob Deibel</u>		Date <u>1/27/06</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)