

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 \_\_\_\_\_  
Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**OWNER INFORMATION:**

Name SAM'S REAL ESTATE BUS. TRUST  
Address 13014E 10th STREET  
City / State / Zip Bentonville, AR 72716

**APPLICANT INFORMATION:**

Name THEIA MORRISON HARRISON FRENCH  
Address 809 SW "A" STREET  
City / State / Zip BENTONVILLE, AR 72712  
Telephone (479) 273-7780 ext 247

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: \_\_\_\_\_

**\* FOR CHANGE OF USE:**

\*Existing Use: Retail  
\*Proposed Use: Retail

Estimated Remodeling Cost \$ 70,000  
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 <u>C-2</u>	Maximum coverage of lot by structures _____
SETBACKS: Front _____ from property line (PL)	Landscaping/Screening Required: YES _____ NO <u>X</u>
Side _____ from PL Rear _____ from PL	Parking Requirement <u>N/A</u>
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 3/20/06  
Department Approval [Signature] Date 3/28/06

Additional water and/or sewer tap fee(s) are required: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> W/O No.
Utility Accounting <u>[Signature]</u> Date <u>3-28-06</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)