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

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

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|-----------------|
| BLDG PERMIT NO. |
| FILE # |

Building Address 1145 North Ave
Parcel No. 2945-141-06-025
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 John Ballion
Address P.O. Box 150
City / State / Zip Silt, Co. 81652

DESCRIPTION OF WORK & INTENDED USE:

Remodel Addition
 Change of Use (*Specify uses below)
 Other: Cover for Inclose patio Area

APPLICANT INFORMATION:

Name _____
Address _____
City / State / Zip _____
Telephone _____

* FOR CHANGE OF USE:
*Existing Use: Restaurant
*Proposed Use: _____
Estimated Remodeling Cost \$ 1,000.00
Current Fair Market Value of Structure \$ 148,300.00

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-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 <u>19 spaces - 57 seats</u> |
| Maximum Height of Structure(s) _____ | Special Conditions: <u>(wall for patio previously approved)</u> <u>approved per plan</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 4-20-06
Department Approval [Signature] Date 4-20-06

| | | | |
|--|---------------------|--|---------|
| 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>4/20/06</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)