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

BLDG PERMIT NO.
FILE #

Building Address 2478 Paterson Suites  
Parcel No. 2945-044-17-005  
Subdivision \_\_\_\_\_  
Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**OWNER INFORMATION:**

Name Kathleen Copeland  
Address 448 Mediterranean Way  
City / State / Zip BST CO 81505

**APPLICANT INFORMATION:**

Name Salon Panache G, LLC  
Address 2478 Paterson Suites  
City / State / Zip BST CO 81505  
Telephone 970 241-3311

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

**\* FOR CHANGE OF USE:**

\*Existing Use: \_\_\_\_\_  
\*Proposed Use: \_\_\_\_\_

Estimated Remodeling Cost \$ 20,000  
Current Fair Market Value of Structure \$ 193,870

**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 _____
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 5-16-06  
Department Approval [Signature] Date 5/16/06

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No.
Utility Accounting	Date		

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)