

Planning \$	5.00
TCP \$	
Drainage \$	
SIF\$	

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

BLDG PERMIT NO.
FILE #

Building Address 750 Wellington Ave Suite 300
Parcel No. 2945-111-32-972
Subdivision _____
Filing _____ Block _____ Lot _____

Multifamily Only:
No. of Existing Units _____ No. Proposed _____
Sq. Ft. of Existing 8260 Sq. Ft. Proposed 8260
Sq. Ft. of Lot / Parcel _____
Sq. Ft. Coverage of Lot by Structures & Impervious Surface
(Total Existing & Proposed) _____

OWNER INFORMATION:

Name St. Marys Hospital
Address 750 Wellington Av
City / State / Zip GJ Co 81501

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

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

* FOR CHANGE OF USE:
*Existing Use: NONE
*Proposed Use: Doctors offices
Estimated Remodeling Cost \$ 1,200,000
Current Fair Market Value of Structure \$ 18,773.00

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 PD Maximum coverage of lot by structures N/A
SETBACKS: Front _____ from property line (PL) Landscaping/Screening Required: YES _____ NO X
Side _____ from PL Rear _____ from PL Parking Requirement _____
Maximum Height of Structure(s) _____ Special Conditions: Interior remodel
Voting District _____ Ingress / Egress Location Approval only
(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 12/18/06
Department Approval [Signature] Date 12/18/06

Additional water and/or sewer tap fee(s) are required:	YES	NO <u>X</u>	W/O No. <u>12/18/06</u>
Utility Accounting <u>[Signature]</u>	Date <u>[Signature]</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)

From: Scott Williams
To: Bob Lee; Bret Guillory; Faye Hall; Wendy Spurr
Date: 9/28/2006 7:41 AM
Subject: RE: Hilltop Community Resources Inc. - Bacon Campus

9/28/06

Based on information submitted to this office, Hilltop Community Resources - Bacon Campus, located at 1405 Wellington Avenue, will be required to install a grease interceptor having a minimum capacity of 1250 gallons and having a minimum of two compartments.

Should you have questions or comments, please contact Mike Shea or myself at (970) 256-4180.