

Planning \$ <u>5.00</u>
TCP \$ <u>0</u>
Drainage \$ <u>0</u>
SIFS \$ <u>0</u>

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

BLDG PERMIT NO.
FILE #

105808-33421

Building Address 749 WINTERS
Parcel No. 2945-231-15-028
Subdivision _____
Filing _____ Block _____ Lot _____

Multifamily Only:
No. of Existing Units _____ No. Proposed _____
Sq. Ft. of Existing 2400 Sq. Ft. Proposed _____
Sq. Ft. of Lot / Parcel _____
Sq. Ft. Coverage of Lot by Structures & Impervious Surface
(Total Existing & Proposed) _____

OWNER INFORMATION:

Name KNOW MOORE LLC Randy + Sheryl Moore
Address PO Box 1906
City / State / Zip HQ Co 81502

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name DELBELT McCLURE
Address 9154 Hwy 65 Po Box 331
City / State / Zip MESA Co 81643
Telephone 268-5657

*** FOR CHANGE OF USE:**

*Existing Use: empty
*Proposed Use: office
(No Rest(NW)) (No NW Kitchen)
Estimated Remodeling Cost \$ 80 000
Current Fair Market Value of Structure \$ 240 000

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>I-1</u>	Maximum coverage of lot by structures _____
SETBACKS: Front <u>15'</u> from property line (PL)	Landscaping/Screening Required: YES _____ NO _____
Side <u>5'</u> from PL Rear <u>10'</u> from PL	Parking Requirement <u>approved</u>
Maximum Height of Structure(s) _____	Special Conditions: <u>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 Debbert McClure Date Sept 29 06
Department Approval Gayle Henderson Date 9-29-06

Additional water and/or sewer tap fee(s) are required: YES _____ NO <input checked="" type="checkbox"/>	W/O No. <u>NO SWR / NO WTR / Change</u>
Utility Accounting <u>[Signature]</u>	Date <u>9/29/06</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)