

Planning \$ <u>500</u>
TCP \$
Drainage \$
SIF\$

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

BLDG PERMIT NO.
FILE #

Building Address 3150 N. 12th STREET
Parcel No. 2945-013-20-001
Subdivision PRIMARY CARE PARTNERS' SERVICES / HOSPICE CAMPUS
Filing — Block — Lot 1

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 PRIMARY CARE PARTNERS, PC
Address 3150 N. 12th STREET
City / State / Zip GRAND JUNCTION, CO 81506

DESCRIPTION OF WORK & INTENDED USE:

Remodel Addition
 Change of Use (*Specify uses below)
 Other: remove partition walls.

APPLICANT INFORMATION:

Name KEYSTONE CUSTOM BUILDERS, INC.
Address P.O. BOX 1807
City / State / Zip GRAND Jct, CO 81502
Telephone 970-243-9428

* FOR CHANGE OF USE:
*Existing Use: _____
*Proposed Use: _____
Estimated Remodeling Cost \$ 2000
Current Fair Market Value of Structure \$ 11,981,000

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>PD</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 5/22/07
Department Approval [Signature] Date 5/22/07

Additional water and/or sewer tap fee(s) are required: YES NO <input checked="" type="checkbox"/> W/O No. <u>—</u>
Utility Accounting <u>[Signature]</u> Date <u>5/22/07</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)