

Planning \$	5 ⁰⁰
TCP \$	
Drainage \$	
SIF\$	

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Community Development Department

BLDG PERMIT NO.
FILE #

105207-59947
12187-7585

Building Address 2635 N 7TH ST
 Parcel No. 2945-112-00-971
 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 ST MARY'S HOSPITAL & MEDICAL CTR
 Address 2635 N 7TH ST
 City / State / Zip Grand Junction CO 81501

DESCRIPTION OF WORK & INTENDED USE:

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

APPLICANT INFORMATION:

Name FEE/MC CARTHY
 Address 2339 N 7TH STREET
 City / State / Zip Grand Junction CO 81501
 Telephone 970 263 8866

* FOR CHANGE OF USE:
 *Existing Use: OFFICE
 *Proposed Use: CT SCAN
 Estimated Remodeling Cost \$ 275,000
 Current Fair Market Value of Structure \$ 104,090.04⁰⁰

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 <u>N/A</u>
Maximum Height of Structure(s) _____	Special Conditions: <u>Interior remodel</u>
Voting District _____	Ingress / Egress Location Approval <u>only</u> (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 JUNE 21, 07

Department Approval [Signature] Date 6-21-07

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. <u>NO charge swr/water</u>
Utility Accounting	<u>[Signature]</u>		Date <u>6/21/07</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)