Planning BLDG PERMIT NO. PLANNING CLEARAI TCP \$ FILE# (UP-2006-199) (Multifamily & Nonresidential Remodels and Change of Use) **Community Development Department** Drainage \$ 2504 SIF\$ 9JIE 300 Building Address 244 HIGHUALE 8 50 Multifamily Only: No. of Existing Units No. Proposed 2945-103-00-154 Sq. Ft. of Existing _____ Sq. Ft. Proposed _____ Subdivision Sq. Ft. of Lot / Parcel Block _____ Lot ____ Sg. Ft. Coverage of Lot by Structures & Impervious Surface OWNER INFORMATION: (Total Existing & Proposed) Name CHIPOTHE HEXICANGEILL DESCRIPTION OF WORK & INTENDED USE: Remodel Addition Change of Use (*Specify uses below) Address Other: Interior F.n.Sh City/State/Zip COTORADO, DENIFR SOCO * FOR CHANGE OF USE: APPLICANT INFORMATION: *Existing Use: _____ Name *Proposed Use: _____ Address 143414 City / State / Zip CHAHA, NE 68137 Estimated Remodeling Cost \$ 300,000 Telephone 402-895-0878 Current Fair Market Value of Structure \$ 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 Maximum coverage of lot by structures 24 ZONE Tyteriar Finish Irom property line (PL) Landscaping/Screening Required: YES_____NO___ Parking Requirement Fer Thum Side_____from PL Rear from PL Maximum Height of Structure(s) ___ Special Conditions: Ingress / Egress Voting District _____ 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 4

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning & Development Code) (Yellow: Customer) (Pink: Building Department) (White: Planning)

YES

Date

Date

W/O No.

NO

Utility Accounting

Department Approval

Additional water and/or sewer tap feeds are required:

(Goldenred: Utility Accounting)