

Planning \$ <u>Paid</u>	Drainage # <u>8,414.00</u>
TCP \$ <u>40,400.00</u>	School Impact \$ <u>N/A</u>

JG PERMIT NO.
FILE # <u>SPR-2006-166</u>

PLANNING CLEARANCE

(site plan review, multi-family development, non-residential development)

Grand Junction Community Development Department

THIS SECTION TO BE COMPLETED BY APPLICANT

aka 2497
 BUILDING ADDRESS 2499 Power Road
 SUBDIVISION Brachs Commercial Sub
 FILING _____ BLK _____ LOT 2
 OWNER McCallum Family LLC and Chris S. McCallum LLP
a Colorado Limited Liability Partnership
 ADDRESS 2471 River Road - Unit A
 CITY/STATE/ZIP Grand Jct. CO 81505
 APPLICANT TPT Industrial
 ADDRESS 2471 River Rd - Unit A
 CITY/STATE/ZIP Grand Jct. CO 81505
 TELEPHONE 970/243-4642

TAX SCHEDULE NO. 2945-164-38-002
 SQ. FT. OF EXISTING BLDG(S) 865 ft²
 SQ. FT. OF PROPOSED BLDG(S)/ADDITONS 16,000 ft²

MULTI-FAMILY:
 NO. OF DWELLING UNITS: BEFORE 1 AFTER 1
 CONSTRUCTION
 NO. OF BLDGS ON PARCEL: BEFORE 2 AFTER 3
 CONSTRUCTION

USE OF ALL EXISTING BLDG(S) single family residence and garage

DESCRIPTION OF WORK & INTENDED USE:
Construct 16,000 ft² Wellness Center

Submittal requirements are outlined in the SSID (Submittal Standards for Improvements and Development) document.

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE <u>C-1</u> SETBACKS: FRONT: <u>15'</u> from Property Line (PL) or _____ from center of ROW, whichever is greater SIDE: <u>0'</u> from PL REAR: <u>10'</u> from PL <u>per plan attached</u> MAX. HEIGHT <u>40'</u> MAX. COVERAGE OF LOT BY STRUCTURES <u>N/A</u>	LANDSCAPING/SCREENING REQUIRED: YES <input checked="" type="checkbox"/> NO _____ PARKING REQUIREMENT: <u>87 incl. 4 H.C.</u> SPECIAL CONDITIONS: <u>No C.O. until final plat is recorded.</u>
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Modifications to this Planning Clearance must be approved, in writing, by the Community Development Department Director. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued by the Building Department (Section 307, Uniform Building Code). Required improvements in the public right-of-way must be guaranteed prior to issuance of a Planning Clearance. All other required site improvements must be completed or guaranteed prior to issuance of a Certificate of Occupancy. Any landscaping required by this permit shall be maintained in an acceptable and healthy condition. The replacement of any vegetation materials that die or are in an unhealthy condition is required by the Grand Junction Zoning and Development Code.

Four (4) sets of final construction drawings must be submitted and stamped by City Engineering prior to issuing the Planning Clearance. One stamped set must be available on the job site at all times.

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's Signature [Signature] Date 5/16/06
 Department Approval [Signature] Date Nov. 7, 2006

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO _____	W/O No. <u>19921</u>
Utility Accounting <u>[Signature]</u>	Date <u>1-9-07</u>		

* VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning and Development Code)

(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

ORIGINAL
STAMP

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME <u>TPI Industrial, Inc.</u>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>2499 Power Road</u>		Company NAIC Number	
CITY <u>Grand Junction</u>	STATE <u>CO</u>	ZIP CODE	<u>81503</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 2 Brachs Commercial Sub. Parcel # 2945-164-04-002-38-002</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Non-residential - professional office</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ##.#####") <u>39° 04' 04" N. Lat 108° 35' 26" W. Long.</u>		HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>City of Grand Junction 080117</u>	B2. COUNTY NAME <u>Mesa County</u>	B3. STATE <u>Colorado CO</u>
B4. MAP AND PANEL NUMBER <u>080117-0006</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>July 15, 1992</u>
B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>July 15, 1992</u>	B8. FLOOD ZONE(S) <u>X and AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>4552.61</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in 'B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

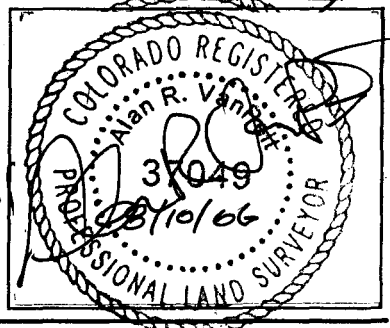
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum NAVD 1988 Conversion/Comments NAVD 1988 = NGVD 1929 + 3.61 ft

Elevation reference mark used RM 21 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>4554</u>	<u>0</u>	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>NA</u>		ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u>		ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>NA</u>		ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>NA</u>		ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>4553</u>	<u>4</u>	ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>4553</u>	<u>9</u>	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NA</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>NA</u>		sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME <u>Alan R. Van PELT</u>	LICENSE NUMBER <u>PLS 37049</u>
TITLE <u>Surveyor</u>	COMPANY NAME <u>DH Survey Inc</u>
ADDRESS <u>118 Murray Ave.</u>	CITY <u>GrandJct.</u>
SIGNATURE <u>Alan R. Van Pelt</u>	STATE <u>CO</u>
	ZIP CODE <u>81503</u>
	TELEPHONE <u>245-8749</u>
	DATE <u>5/12/06</u>

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2499 Power Road			Policy Number
CITY Grand Junction	STATE CO	ZIP CODE 81503	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

| | Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number ____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ____ ft. (m) ____ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? | Yes | No | Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

Chris McCallum

ADDRESS

2499 2471 River Road - Unit A

CITY

Grand Jct.

STATE

CO

ZIP CODE

81505

SIGNATURE

Chris McCallum

DATE

5/10/06

TELEPHONE

970 2434642

COMMENTS

| | Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS

| | Check here if attachments

U.S. DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY ELEVATION FORM	O.M.B. NO. 1660-0015 Expires August 31, 2007
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PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472. Paperwork Reduction Project (1660-0015). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. Please do not send your completed survey to the above address.

This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. A DHS - FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in addition to this form for single structure requests.

For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), including an attached deck or garage. For requests to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description.

1. NFIP Community Number: 080117 Property Name or Address: 2497 POWERS ROAD, GRAND JUNCTION, CO.
2. Are the elevations listed below based on existing or proposed conditions? (Check one)
3. What is the elevation datum? NAD83 If any of the elevations listed below were computed using a datum different than the datum used for the effective Flood Insurance Rate Map (FIRM) (e.g., NGVD 29 or NAVD 88), what was the conversion factor?
NAVD88, - 3.61 ft = NGVD 29 Local Elevation +/- ft. = FIRM Datum
4. Please provide the Latitude and Longitude of the most upstream edge of the structure (in decimal degrees):
Indicate Datum: NAD83 NAD27 39° 04' 04.36" Lat, 108° 35' 25.45" Long.
Please provide the Latitude and Longitude of the most upstream edge of the property (in decimal degrees):
Indicate Datum: NAD83 NAD27 39° 03' 59.26" Lat, 108° 35' 25.96" Long.
5. For the existing or proposed structures listed below, what are the types of construction? (check all that apply)
 crawl space slab on grade basement/enclosure other (explain)
4553.97 Finished Floor
6. Has DHS - FEMA identified this area as subject to land subsidence or uplift? (see instructions) Yes No
If yes, what is the date of the current releveling? / (month/year)

Lot Number	Block Number	Lowest Lot Elevation	Lowest Adjacent Grade To Structure	Base Flood Elevation	BFE Source	For DHS - FEMA Use Only
<u>2</u>	<u>-</u>	<u>4544.91</u>	<u>4552.43</u>	<u>4552.41</u>	<u>FIRM</u>	

This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001

Certifier's Name: <u>MICHAEL W. DRISSSEL</u>	License No.: <u>20677 PLS</u>	Expiration Date: <u>1-31-08</u>
Company Name: <u>DH SURVEYS INC.</u>	Telephone No.: <u>970-245-8749</u>	Fax No.: <u>970-245-0301</u>
Signature: <u>[Signature]</u>	Date: <u>3-15-07</u>	

