

TCP \$
Drainage \$
SIF\$
Inspection \$

Planning \$ <u>500</u>
Bldg Permit # <u>1</u>
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

11614-7203

Building Address 2021 NW 12th

Parcel No. 2945-111-00-971

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 COMMUNITY Hospital

Address 2021 NW 12th

City / State / Zip Grand Jct, 81501

DESCRIPTION OF WORK & INTENDED USE:

Remodel Change of Use (*Specify uses below)

Addition Change of Business

Other: _____

APPLICANT INFORMATION:

Name Bill Graves

Address 2021 NW 12th ST

City / State / Zip Grand Jct. 81501

Telephone 970-256-6298

* FOR CHANGE OF USE:

*Existing Use: Material Mang-Storage.

*Proposed Use: NW office - 6 Cubicles.
Now with SWR charges

Estimated Remodeling Cost \$ 19,000.00

Current Fair Market Value of Structure \$ 11,687,960

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 PLANNING 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) _____	Floodplain Certificate Required: YES _____ NO _____
Voting District _____	Special Conditions: _____
Ingress / Egress Location Approval _____ <small>(Engineer's Initials)</small>	

Modifications to this Planning Clearance must be approved, in writing, by the Public Works & Planning 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.

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 Bill Graves Date 07/22/08

Planning Approval Pat Dunlop Date 7/22/08

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>NO WTR/SWR Charge</u>
Utility Accounting <u>Q</u>	Date <u>7/22/08</u>		

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.4 Grand Junction Zoning & Development Code)
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)