

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

Planning \$ <u>10<sup>00</sup></u>
Bldg Permit #
File #

## PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

### Public Works & Planning Department

Building Address 3150 N 12<sup>th</sup>  
 Parcel No. 2945-013-20-001  
 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 Primary Care Partners  
 Address 3150 N 12<sup>th</sup> St  
 City / State / Zip G.J. CO 81505

**DESCRIPTION OF WORK & INTENDED USE:**

Remodel  Change of Use (\*Specify uses below)  
 Addition  Change of Business  
 Other: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name David Burns  
 Address 206 Garfield  
 City / State / Zip G.J. CO 81503  
 Telephone 640-5174

*Interior*  
 \* FOR CHANGE OF USE:  
 \*Existing Use: medical  
 \*Proposed Use: medical  
 Estimated Remodeling Cost \$ 8000  
 Current Fair Market Value of Structure \$ 9,277,740

**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> SETBACKS: Front _____ from property line (PL) Side _____ from PL Rear _____ from PL Maximum Height of Structure(s) _____ Voting District _____	Maximum coverage of lot by structures _____ Landscaping/Screening Required: YES _____ NO _____ Parking Requirement _____ Floodplain Certificate Required: YES _____ NO _____ Special Conditions: _____ Ingress / Egress Location Approval _____ (Engineer's Initials)

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 David Burns Date 9-30-08  
 Planning Approval Pat Dumble Date 9/30/08

Additional water and/or sewer tap fee(s) are required: YES _____ NO <input checked="" type="checkbox"/> W/O No. _____
Utility Accounting <u>U. Bensley</u> Date <u>9/30/08</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)