

11

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

Planning \$ <u>5,00</u>
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 1830 N 12th St
 Parcel No. 2945-123-03-025
 Subdivision Replat Overhill Annex
 Filing _____ Block 102 Lot 2

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 Albertsons LLC
 Address 250 E Park Ctr Blvd
 City / State / Zip Bonise ID

DESCRIPTION OF WORK & INTENDED USE:
 Remodel Change of Use (*Specify uses below)
 Addition Change of Business
 Other: Interior only

APPLICANT INFORMATION:

Name Pam Sharkey
 Address 4582 S Ulster St Pkwy
 City / State / Zip Denver CO 80237
 Telephone 303 741 3737 x274

* FOR CHANGE OF USE:
 *Existing Use: _____
 *Proposed Use: _____
 Estimated Remodeling Cost \$ ± 40 k
 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 PLANNING STAFF

ZONE <u>C-1</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: <u>Interior only</u>
Ingress / Egress Location Approval _____ (Engineer's Initials)	<u>Approved per plan</u>

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 [Signature] Date 9/16/08
 Planning Approval [Signature] Date 9-16-08

Additional water and/or sewer tap feet(s) are required:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	W/O No.
Utility Accounting <u>[Signature]</u>	Date <u>9.16.08</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)