

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

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

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 2635 N 7th St
 Parcel No. 2945-112-00-971
 Subdivision St Marys Campus
 Filing _____ Block _____ Lot _____

Multifamily Only:
 No. of Existing Units _____ No. Proposed _____
 Sq. Ft. of Existing 1862 Sq. Ft. Proposed 1862
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) _____

OWNER INFORMATION:

Name St Marys Hospital
 Address 2635 N 7th St
 City / State / Zip 65 Co 81505

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

APPLICANT INFORMATION:

Name PNCI Construction
 Address 553 25 1/2 RP
 City / State / Zip 65 Co 81505
 Telephone 242-35418

* FOR CHANGE OF USE:
 *Existing Use: OB Rooms
 *Proposed Use: OB Rooms w/ Showers
 Estimated Remodeling Cost \$ 35,000
 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>PD</u>	Maximum coverage of lot by structures <u>PAID</u>		
SETBACKS: Front _____ from property line (PL)	Landscaping/Screening Required: YES _____ NO _____		
Side _____ from PL Rear _____ from PL	Parking Requirement _____ <u>TB</u>		
Maximum Height of Structure(s) _____	Floodplain Certificate Required: YES _____ NO _____		
Voting District _____	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 [Signature] Date 8/19/08

Planning Approval _____ Date _____

Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. _____

Utility Accounting [Signature] Date 8/19/08

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)