

Planning \$	500
TCP \$	/
Drainage \$	/
SIF\$	/

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works and Planning Department

BLDG PERMIT NO.

FILE #

Building Address 2656 Little Beckley Dr
 Parcel No. 2945-111-20-977
 Subdivision _____
 Filing _____ Block _____ Lot _____

Multifamily Only:
 No. of Existing Units 26 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 Cobrado West Medical Health
 Address 515 26 3/4 Aved, Bldg A, Suite 20
 City / State / Zip Grd Jct, CO, 81501

DESCRIPTION OF WORK & INTENDED USE:

Remodel Change of Use (*Specify uses below)
 Addition Change of Business
 Other: Deck Demo and rebuild

APPLICANT INFORMATION:

Name Serking Management Corp.
 Address 3299 P.O. Box
 City / State / Zip Grd Jct, CO, 81602
 Telephone 970-243-9173

* FOR CHANGE OF USE:

*Existing Use: _____
 *Proposed Use: _____

Estimated Remodeling Cost \$ 25,000
 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 B-1
 SETBACKS: Front _____ from property line (PL)
 Side _____ from PL Rear _____ from PL
 Maximum Height of Structure(s) _____
 Voting District _____ Ingress / Egress Location Approval _____
 (Engineer's Initials)

Maximum coverage of lot by structures _____
 Landscaping/Screening Required: YES NO
 Parking Requirement _____
 Special Conditions: _____
PAID
DEC 10 2008
TB

Modifications to this Planning Clearance must be approved, in writing, by the Public Works and 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 (Section 305, Uniform Building Code).

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).

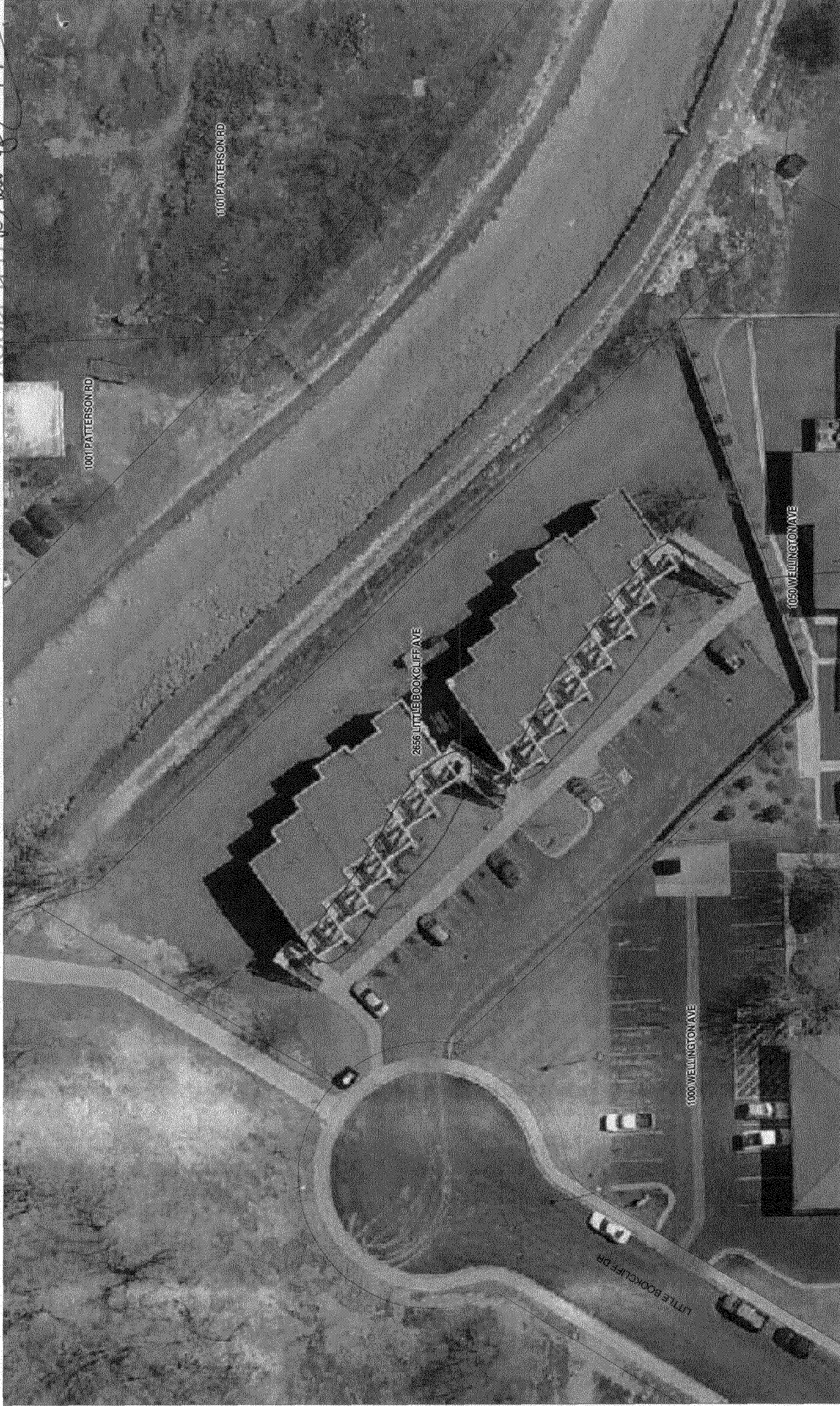
Applicant Signature [Signature] Date 12/10/08
 Planning Approval [Signature] Date 12/10/08

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No.
Utility Accounting <u>[Signature]</u>	Date <u>12/10/08</u>		

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning & Development Code)
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

2656 Little Bookcliff Drive

ACCEPTED *fat Sludge 12/10/08*



Remember & rebuild ACCEPTED *fat Sludge 12/10/08*
ANY CHANGE OF SETBACKS MUST BE APPROVED BY THE CITY PLANNING DIVISION. IT IS THE APPLICANT'S RESPONSIBILITY TO PROPERLY LOCATE AND IDENTIFY EASEMENTS AND PROPERTY LINES.

SCALE 1 : 591

