

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 102 N. Ave North Ave

Parcel No. 2945-113-00-009

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 CR Brown

Address \_\_\_\_\_

City / State / Zip GD

DESCRIPTION OF WORK & INTENDED USE:

Remodel  Change of Use (\*Specify uses below)

Addition  Change of Business

Other: Add Toilet

**APPLICANT INFORMATION:**

Name Four Seasons Plumb. Act

Address P.O. Box 1125

City / State / Zip Clifton, CO 81520

Telephone 314 4530

\* FOR CHANGE OF USE:

\*Existing Use: PAID

\*Proposed Use: \_\_\_\_\_

Estimated Remodeling Cost \$ TR 1500.00

Current Fair Market Value of Structure \$ 195,730

**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: _____
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 Wm Sawitzky Date 8-21-08

Planning Approval Pat Dungey Date 8/21/08

Additional water and/or sewer tap fee(s) are required: YES NO <input checked="" type="checkbox"/> W/O No.
Utility Accounting <u>CBenseley</u> Date <u>8/21/08</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)