

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

Planning \$ <u>0</u>
Bldg Permit #
File #

## PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

**Public Works & Planning Department**

7203-0  
 Building Address 2021 N<sup>th</sup> 12<sup>th</sup> ST.  
 Parcel No. 2945-111-00-971  
 Subdivision CAPITOL HILL  
 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 COLORADO WEST HEALTH CARE SYSTEMS  
 Address 2021 N<sup>th</sup> 12<sup>th</sup> ST.  
 City / State / Zip GRAND JUNCTION, CO 81501

DESCRIPTION OF WORK & INTENDED USE:  
 Remodel       Change of Use (\*Specify uses below)  
 Addition       Change of Business  
 Other: Adding REST ROOM - 1 Stall  
Adding Office -

**APPLICANT INFORMATION:**

Name DAVE WILLOWER  
 Address 2021 N<sup>th</sup> 12<sup>th</sup> ST.  
 City / State / Zip GRAND JUNCTION, CO. 81501  
 Telephone 970-256-6248

\* FOR CHANGE OF USE:  
 \*Existing Use: \_\_\_\_\_  
 \*Proposed Use: \_\_\_\_\_  
 Estimated Remodeling Cost \$ 50,000.00  
 Current Fair Market Value of Structure \$ 10,806,430

**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 _____
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).

x Applicant Signature David Willower Date 5/5/09  
 Planning Approval Pat Dunlop Date 5/6/09

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No
Utility Accounting <u>D</u>	Date <u>5/6/09</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)