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Drainage \$
SIF \$
Inspection \$

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Planning \$ 10 ⁰⁰
Bldg Permit #
File # MSP-2009-112

Ref # 72030

Building Address 2021 Nth 12th 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 Nth 12th ST.
 City / State / Zip GRAND JUNCT. CO. 81501

DESCRIPTION OF WORK & INTENDED USE:

<input checked="" type="checkbox"/> Remodel	<input type="checkbox"/> Change of Use (*Specify uses below)
<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change of Business
Other: <u>HANDICAP RAMP</u>	

APPLICANT INFORMATION:

Name DAVE WILLOVER
 Address SAME AS ABOVE
 City / State / Zip ↓
 Telephone 970-256-6248

*** FOR CHANGE OF USE:**

*Existing Use: _____
 *Proposed Use: _____

Estimated Remodeling Cost \$ 146,000
 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: <u>6405f expansion + interior remodel</u>
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 David Willover Date 04720-2009

Planning Approval Muhammad Hashid Date 6-2-09

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. <u>NO CHANGE</u>
Utility Accounting	Date <u>6-8-09</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)