

#7203-0

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

Planning \$ 5.00
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 2021 N 12th Street
 Parcel No. 2945-111-00-971
 Subdivision _____
 Filing _____ Block _____ Lot _____

Multifamily Only:
 No. of Existing Units _____ No. Proposed _____
 Sq. Ft. of Existing 91,992 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 Healthcare
 Address 2021 North 12th St
 City / State / Zip Grand Jct N 81501

DESCRIPTION OF WORK & INTENDED USE:

Remodel interior Change of Use (*Specify uses below)
 Addition Change of Business
 Other: expand waiting rm & adding
checkin & triage - plbg adding
 * FOR CHANGE OF USE: one sink

APPLICANT INFORMATION:

Name Dave Willower
 Address same as above
 City / State / Zip _____
 Telephone 970-256-6248

*Existing Use: _____
 *Proposed Use: _____
 Estimated Remodeling Cost \$ 146,000
 Current Fair Market Value of Structure \$ 1,316,800

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>no chg</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 J. Mulcahy Date 10-16-09
 Planning Approval C. McKee Date 10/16/09

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. <u>remodel</u>
Utility Accounting <u>Patricia Kauer</u>	Date	<u>10-16-09</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)