

| |
|---------------|
| TCP \$ |
| Drainage \$ |
| SIF \$ |
| Inspection \$ |

| |
|-----------------------------|
| Planning \$ <u>5,00</u> |
| Bldg Permit # <u>033425</u> |
| File # |

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Ref # 239700

Building Address 3205 N. 15th St.
 Parcel No. 2945-013-14-972
 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 Hill Top Health Services
 Address 3205 N 15th St
 City / State / Zip 6.J

DESCRIPTION OF WORK & INTENDED USE:

Remodel Change of Use (*Specify uses below)
 Addition Change of Business
 Other: door, wall changes

APPLICANT INFORMATION:

Name FCI Const
 Address 3070 E-70 Business Loop
 City / State / Zip Grand Jct CO 81504
 Telephone (970) 434-9093

* FOR CHANGE OF USE:
 *Existing Use: ASSISTED LIVING
 *Proposed Use: same
 Estimated Remodeling Cost \$ 10,000
 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 about 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).

Applicant Signature [Signature] Date 6/1/09
 Planning Approval [Signature] Date 6/1/09

| | |
|---------------------------------------------------------------------------------------------------------|------------------------------------|
| Additional water and/or sewer tap fee(s) are required: YES _____ NO <input checked="" type="checkbox"/> | W/O No. <u>NO sewer / NO water</u> |
| Utility Accounting <u>[Signature]</u> | Date <u>6-1-09</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)