

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

#9051-10

Planning \$ 500
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 2424 Hwy 6+50, Space 202
 Parcel No. 2945-043-06-001
 Subdivision Mesa Mall 2nd Minor Sub
 Filing _____ Block _____ Lot A

Multifamily Only:
 No. of Existing Units _____ No. Proposed _____
 Sq. Ft. of Existing 1805 Sq. Ft. Proposed 1805
 Sq. Ft. of Lot / Parcel 20,948 Acre
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) NO CHG

OWNER INFORMATION:

Name Spence's Gifts
 Address 6026 Black Horse P.ike
 City / State / Zip Egg Harbor Township, NJ 08234

DESCRIPTION OF WORK & INTENDED USE:
 Remodel Change of Use (*Specify uses below)
 Addition Change of Business
 Other: interior finish; move wall remove existing ceiling; new light fixtures; make bath ADA compliant;
 * FOR CHANGE OF USE: no footprint change

APPLICANT INFORMATION:

Name Tommy Kirk, Architect
 Address 1950 Craig Rd # 300
 City / State / Zip St. Louis, MO 63146
 Telephone 314-415-2400 ext. 500

*Existing Use: _____
 *Proposed Use: mercantile
 Estimated Remodeling Cost \$ 94,500
 Current Fair Market Value of Structure \$ 23,045,730 NA Mail property

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 <u>N/A</u>
SETBACKS: Front <u>15/25</u> from property line (PL)	Landscaping/Screening Required: YES _____ NO <input checked="" type="checkbox"/>
Side <u>0/0</u> from PL Rear <u>10/10</u> from PL	Parking Requirement <u>NO CHG</u>
Maximum Height of Structure(s) <u>40</u>	Floodplain Certificate Required: YES _____ NO _____
Voting District _____	Ingress / Egress Location Approval _____ (Engineer's Initials)
Special Conditions: _____	

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 12/3/09
 Planning Approval [Signature] Date 12/4/09

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. <u>interior remodel</u>
Utility Accounting <u>[Signature]</u>	Date <u>12/4/09</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)