

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

#49086-0

Planning \$
Bldg Permit #
File #

**PLANNING CLEARANCE**

(Multifamily & Nonresidential Remodels and Change of Use)

**Public Works & Planning Department**

Building Address 2494 W. MESA CT  
 Parcel No. 2945-091-22-002  
 Subdivision \_\_\_\_\_  
 Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Multifamily Only:  
 No. of Existing Units \_\_\_\_\_ No. Proposed \_\_\_\_\_  
 Sq. Ft. of Existing 1800 Sq. Ft. Proposed 1800  
 Sq. Ft. of Lot / Parcel 1543 AC  
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface  
 (Total Existing & Proposed) \_\_\_\_\_

**OWNER INFORMATION:**

Name Scott ALBERTS  
 Address 1467 CASTLE CT  
 City / State / Zip Grand Jct CO

DESCRIPTION OF WORK & INTENDED USE:  
 Remodel  Change of Use (\*Specify uses below)  
 Addition  Change of Business  
 Other: Interior Only

**APPLICANT INFORMATION:**

Name SAMIR  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Telephone 260-1453

\* FOR CHANGE OF USE:  
 \*Existing Use: Budget Blind  
 \*Proposed Use: Hot Spas & Pools  
 Estimated Remodeling Cost \$ 20,000  
 Current Fair Market Value of Structure \$ 510,540<sup>00</sup>

**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-2</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 12/2/09  
 Planning Approval [Signature] Date 12/2/09

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>12-2-09</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)