

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

#7298

Planning \$ 10 ⁰⁰
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 104 Orchard Ave
 Parcel No. 2945-112-00-028
 Subdivision _____
 Filing _____ Block _____ Lot _____

Multifamily Only:
 No. of Existing Units 3 No. Proposed 3
 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 Orach Enterprises
 Address 444 East Science Dr
 City / State / Zip 81503

DESCRIPTION OF WORK & INTENDED USE:
 Remodel Change of Use (*Specify uses below)
 Addition Change of Business
 Other: 6x10 Shed for Storage

APPLICANT INFORMATION:

Name _____
 Address _____
 City / State / Zip _____
 Telephone _____

* FOR CHANGE OF USE:
 *Existing Use: The Cowboy & Rose Catering
 *Proposed Use: Same
 Estimated Remodeling Cost \$ 150⁰⁰
 Current Fair Market Value of Structure \$ N/A

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 B-1 Maximum coverage of lot by structures 50%
 SETBACKS: Front 20/25 from property line (PL) Landscaping/Screening Required: YES _____ NO
 Side 00/00 from PL Rear 15/15 from PL Parking Requirement N/A
 Maximum Height of Structure(s) 40' Floodplain Certificate Required: YES _____ NO
 Voting District _____ Ingress / Egress Location Approval _____
 (Engineer's Initials) _____ Special Conditions: _____

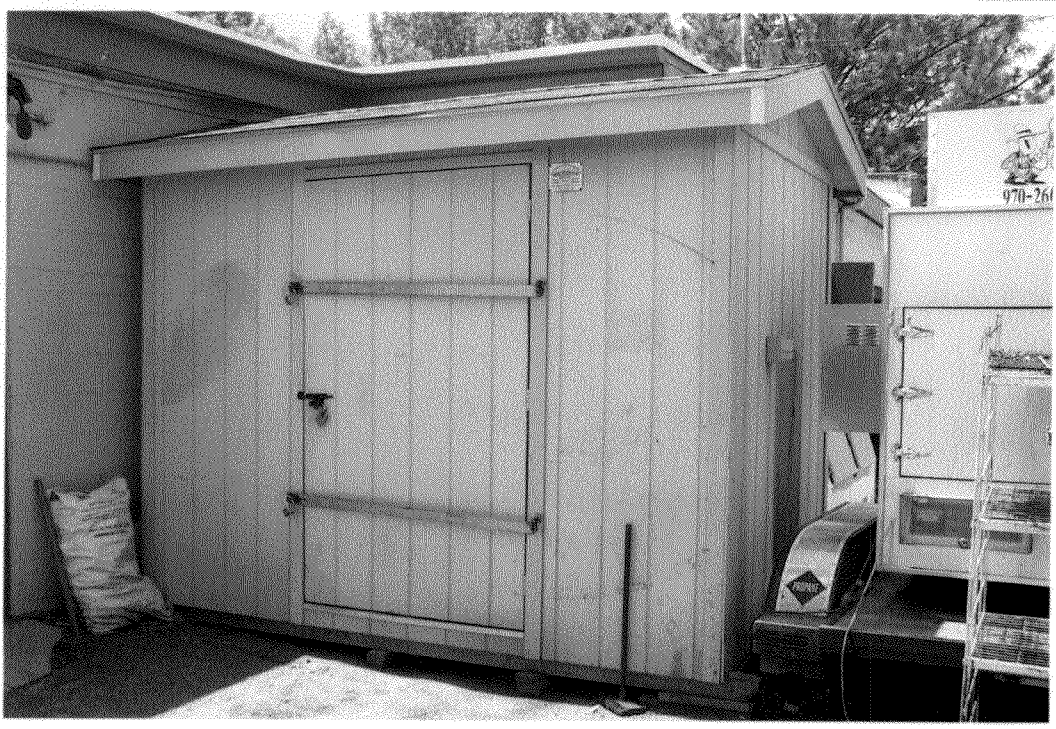
Modifications to this Planning Clearance must be approved, in writing, by the Public Works & Planning Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building 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 7-7-09
 Planning Approval [Signature] Date 7/7/09

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. <u>Shed</u>
Utility Accounting <u>[Signature]</u>	Date <u>7-7-9.</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)



City of Grand Junction GIS Zoning Map ©



SCALE 1 : 545



N

