

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

1000233-

Planning \$ 5.00
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 2497 Power Rd #2
 Parcel No. 2945-164-40-002
 Subdivision Power Rd Center Condominium
 Filing _____ Block Unit 2

Multifamily Only:
 No. of Existing Units _____ No. Proposed _____
 Sq. Ft. of Existing 1000 Sq. Ft. Proposed no change
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) _____

OWNER INFORMATION:

Name MICHELLE BROWN
 Address 274 GRAND OVERLOOK CT
 City / State / Zip GS CO 81507

DESCRIPTION OF WORK & INTENDED USE:
 Remodel Change of Use (*Specify uses below)
 Addition Change of Business
 Other: tenant finish with electric & sink, cabinets

APPLICANT INFORMATION:

Name Rtm Homes
 Address 274 GRAND OVERLOOK CT
 City / State / Zip GS CO 81507
 Telephone 234-0080

* FOR CHANGE OF USE:
 *Existing Use: EMPTY OFFICE
 *Proposed Use: PROPERTY MGT.
 Estimated Remodeling Cost \$ 20,000
 Current Fair Market Value of Structure \$ 110,000

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 C1 Maximum coverage of lot by structures _____
 SETBACKS: Front 15/25 from property line (PL) Landscaping/Screening Required: YES _____ NO
 Side 0/0 from PL Rear 10/10 from PL Parking Requirement no chg
 Maximum Height of Structure(s) 40 Floodplain Certificate Required: YES _____ NO
 Voting District _____ Ingress / Egress Location Approval _____
 (Engineer's Initials) _____
 Special Conditions: Panel # 080117-0006-E panel 6 of 9 7/15/09 100 yr

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.

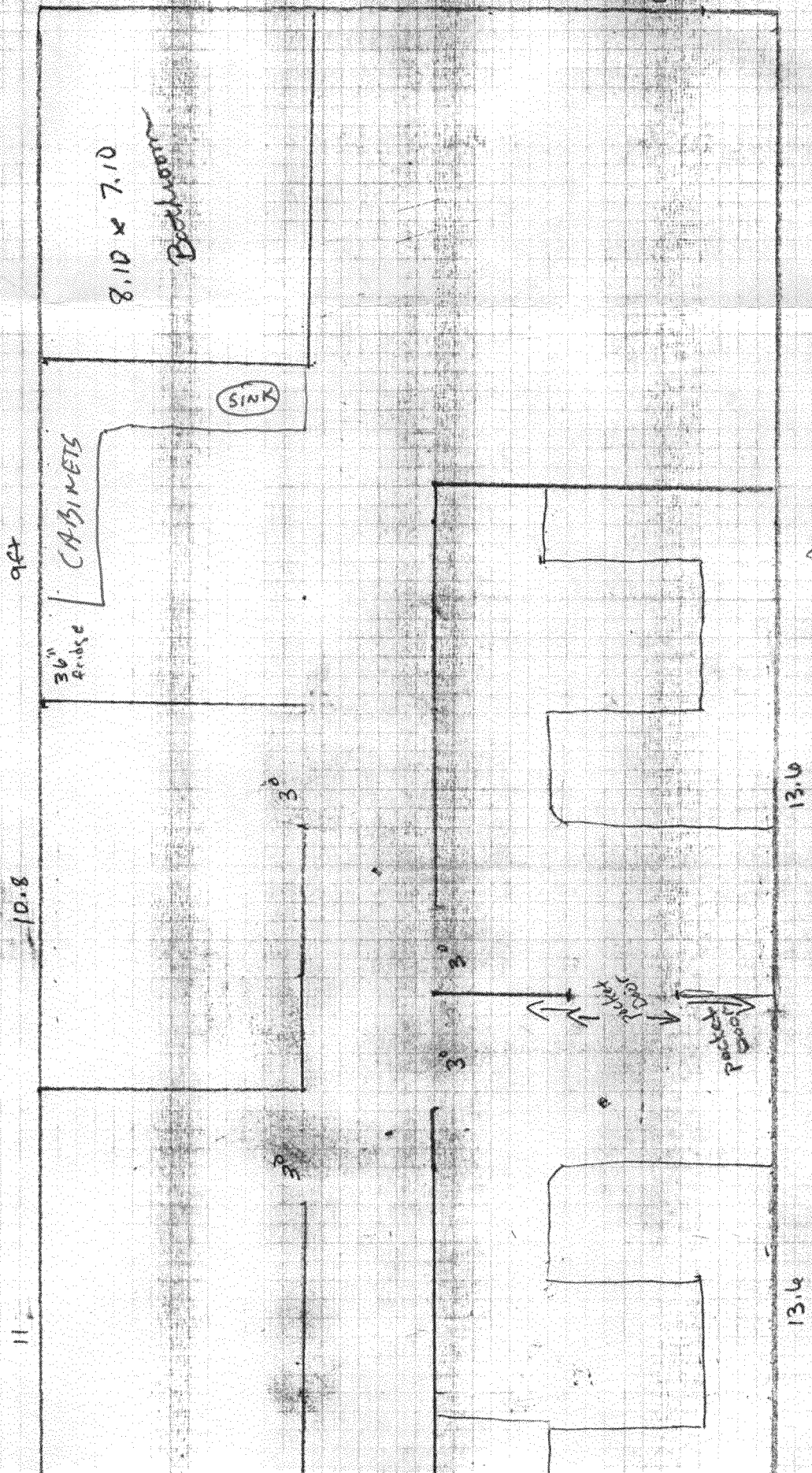
I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature [Signature] Date 13 JUL 09
 Planning Approval C McKee Date 7/13/09

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>no chg use</u>
Utility Accounting <u>[Signature]</u>	Date <u>7-13-09</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)

SETBACKS MUST BE
CITY PLANNING DIVISION
DATE AND IDENTIFY
PROPERTY LINES.



5-164-4D-002