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Inspection \$

639340

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Planning \$ 10 -
Bldg Permit #
File #

Building Address 2497 Power Rd #1 Multifamily Only:
 Parcel No. 2945-164-40-001 No. of Existing Units _____ No. Proposed _____
 Subdivision Power Road Center Condominium Sq. Ft. of Existing 1,000 Sq. Ft. Proposed 1,000
 Filing _____ Block _____ Lot _____ Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) _____

OWNER INFORMATION:

Name Rising Sun Acupuncture LLC
 Address 2497 Power Rd #1
 City / State / Zip GJ 81503

DESCRIPTION OF WORK & INTENDED USE:

Remodel Change of Use (*Specify uses below)
 Addition Change of Business
 Other: Interior Finish - drywall outlets
tenant finish - no add'l plbng

APPLICANT INFORMATION:

Name Shawn Wallace (TP1)
 Address 2471 Riverside Pkwy #A
 City / State / Zip GJ 81505
 Telephone 243-4642

* FOR CHANGE OF USE:
 *Existing Use: NONE
 *Proposed Use: ACUPUNCTURE SVCS
 Estimated Remodeling Cost \$ 35,000
 Current Fair Market Value of Structure \$ 132,320

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 N/A
 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 _____
 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 Shawn Wallace Date 8/3/09
 Planning Approval McKee Date 8/3/09

Additional water and/or sewer tap fee(s) are required:	YES	NO <input checked="" type="checkbox"/>	W/O No. <u>interior finish</u>
Utility Accounting <u>Water/Power</u>	Date <u>8-3-09</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)