	100
Planning \$ O Drainay \$	∴dg Permit No.
TCP \$ School Impact \$	File# SPR - 2009 - 048
nspection \$	57451-0 Inflatibles
PLANNI	ING CLEARANCE + add / SMack
(site plan review, multi-family Grand Junction Publi	development, non-residential development)    Control   C
BUILDING ADDRESS 2469 RIVERSIDE PARKWA	74 TAX SCHEDULE NO. <u>2945 - 094 - 19 - 0</u> 0 2
SUBDIVISION _ (SANANA'S FUN PAR	SQ. FT. OF EXISTING BLDG(S) 9,695 \$ 1/- 2835
FILING BLK LOT	
OWNER BURNS FEC, LLC.	MULTI-FAMILY:  NO. OF DWELLING UNITS: BEFORE AFTER CONSTRUCTION
ADDRESS 685 MOONRIDGE COURT  CITY/STATE/ZIP GRAND JUNCTION, CD 81501	NO. OF BLDGS ON PARCEL: BEFORE AFTER CONSTRUCTION
APPLICANT SID SQUILLELL	USE OF ALL EXISTING BLDG(S) COMMERCIAL
ADDRESS 244 7 TH STREET	DESCRIPTION OF WORK & INTENDED USE: #ADD 10,00845
CITY/STATE/ZIP BRAND JUNCTION, CO BISOI	TENT STRUCTURE TO SITE ! SWACKBAR CONCELLION
TELEPHONE 24/-2909	to SEAT 35-50 PATRONS & REVIEW water
Submittal requirements are outlined in the SSID (Su	ubmittal Standards for Improvements and Development) document.
Submittal requirements are outlined in the SSID (Su	BE COMPLETED BY PLANNING STAFF  WORLD COMPLETED BY PLANNING STAFF
Submittal requirements are outlined in the SSID (Su  THIS SECTION TO	BE COMPLETED BY PLANNING STAFF  LANDSCAPING/SCREENING REQUIRED: YESNO
Submittal requirements are outlined in the SSID (Su  THIS SECTION TO  ZONE  SETBACKS: FRONT: from Property Line (PL) from center of ROW, whichever is greater	LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: ALL PREMIUM APPROVAL  OF PARKING REQUIREMENT: ALL PREMIUM APPROVAL  OF PARKING REQUIREMENT: ALL PREMIUM APPROVAL
SUBmittal requirements are outlined in the SSID (Submittal requirements)).	LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: ALL PLEMOUS APPORTU
Submittal requirements are outlined in the SSID (Su  THIS SECTION TO  ZONE  SETBACKS: FRONT: from Property Line (PL) from center of ROW, whichever is greater	LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: ALLO PLO PLO PLANDING STAFF  PL FLOODPLAIN CERTIFICATE REQUIRED: YES NO SPECIAL CONDITIONS: Must submit alouging.
SUBMITTAL Requirements are outlined in the SSID (Submittal requirements).	LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: ALL PREMIULE APPLOTATION  PL FLOODPLAIN CERTIFICATE REQUIRED: YES NO SPECIAL CONDITIONS: MUST SUBMIT STRUCK  CERTIFICATE BEFORE C.O. SIGN off. CALL FOR LS. Planning in SPECIAL OPPLIED Prior to C.O.
SUBMITTAL Requirements are outlined in the SSID (Submittal requirements).	LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: ALLO PLO PLO PLANDING STAFF  PL FLOODPLAIN CERTIFICATE REQUIRED: YES NO SPECIAL CONDITIONS: Must submit alouging.
SETBACKS: FRONT: 15 25 from Property Line (PL) from center of ROW, whichever is greater SIDE: 5/5 from PL REAR: 10/10 from MAX. HEIGHT 40 MAX. COVERAGE OF LOT BY STRUCTURES 10 authorized by this application cannot be occupied until a final ir by the Building Department (Section 307, Uniform Building Department (Section 307, Uniform Building Certificate of Occupancy. Any landscaping required by the replacement of any vegetation materials that die or are in an uncode.	LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: ALL PREMIULA APPLOYAL  PL FLOODPLAIN CERTIFICATE REQUIRED: YES NO SPECIAL CONDITIONS: MUST SUBMIT STRUCK  CERTIFICATE BEFORE C.O. SIGN off. CALL FOR LS. Planning in SPECIAL ON prior to C.O.
SETBACKS: FRONT: 15/25 from Property Line (PL) from center of ROW, whichever is greater SIDE: 5/5 from PL REAR: 10/10 from MAX. HEIGHT WAX. COVERAGE OF LOT BY STRUCTURES MAX. COVERAGE OF LOT BY STRUCTURES Prior to issuance of a Planning Clearance must be approved, i authorized by this application cannot be occupied until a final ir by the Building Department (Section 307, Uniform Building oprior to issuance of a Planning Clearance. All other required Certificate of Occupancy. Any landscaping required by the replacement of any vegetation materials that die or are in an ucode.  Four (4) sets of final construction drawings must be submitted stamped set must be available on the job site at all times.  I hereby acknowledge that I have read this application and the	LANDSCAPING/SCREENING REQUIRED: YES NO  PARKING REQUIREMENT: PLANEWAY APPROVAL  PL FLOODPLAIN CERTIFICATE REQUIRED: YES NO  SPECIAL CONDITIONS: Must submit slavation  CERTIFICATE BEFORE C.O. SIGN off. CALL for  L.S. Planeman Specificate of Occupancy has been issued code). Required improvements in the public right-of-way must be guaranteed of sic emprovements must be completed or guaranteed prior to issuance of a his permit shall be maintained in an acceptable and healthy condition. The unhealthy condition is required by the Grand Junction Zoning and Development
SETBACKS: FRONT: 15/25 from Property Line (PL) from center of ROW, whichever is greater SIDE: 5/5 from PL REAR: 10/10 from MAX. HEIGHT WAX. COVERAGE OF LOT BY STRUCTURES MAX. COVERAGE OF LOT BY STRUCTURES Prior to issuance of a Planning Clearance must be approved, i authorized by this application cannot be occupied until a final ir by the Building Department (Section 307, Uniform Building prior to issuance of a Planning Clearance. All other required Certificate of Occupancy. Any landscaping required by the replacement of any vegetation materials that die or are in an ucode.  Four (4) sets of final construction drawings must be submitted stamped set must be available on the job site at all times. I hereby acknowledge that I have read this application and the laws, regulations, or restrictions which apply to the project. I to	LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: PLANULUS APPORTUNION PROPERTIES NO SPECIAL CONDITIONS: Must submit altunton  CERTIFICATE BEFORE C.O. SIGN off CALL FOR MINING SPECIAL CONDITIONS Pror to C.O  in writing, by the Public Works & Planning Department Director. The structure inspection has been completed and a Certificate of Occupancy has been issued code). Required improvements in the public right-of-way must be guaranteed as the improvements must be completed or guaranteed prior to issuance of a list permit shall be maintained in an acceptable and healthy condition. The unhealthy condition is required by the Grand Junction Zoning and Development and stamped by City Engineering prior to issuing the Planning Clearance. One me information is correct; I agree to comply with any and all codes, ordinances,
SETBACKS: FRONT:	LANDSCAPING/SCREENING REQUIRED: YES NO SPECIAL CONDITIONS: Must submit always for the structure in writing, by the Public Works & Planning Department Director. The structure inspection has been completed and a Certificate of Occupancy has been issued code). Required improvements in the public right-of-way must be guaranteed different shall be maintained in an acceptable and healthy condition. The unhealthy condition is required by the Grand Junction Zoning and Development and stamped by City Engineering prior to issuing the Planning Clearance. One we information is correct; I agree to comply with any and all codes, ordinances, understand that failure to comply shall result in legal action, which may include
SETBACKS: FRONT: 15/25 from Property Line (PL) from center of ROW, whichever is greater SIDE: 5/5 from PL REAR: 10/10 from  MAX. HEIGHT  MAX. COVERAGE OF LOT BY STRUCTURES  Modifications to this Planning Clearance must be approved, i authorized by this application cannot be occupied until a final ir by the Building Department (Section 307, Uniform Building C prior to issuance of a Planning Clearance. All other required by the replacement of any vegetation materials that die or are in an u Code.  Four (4) sets of final construction drawings must be submitted stamped set must be available on the job site at all times.  I hereby acknowledge that I have read this application and the laws, regulations, or restrictions which apply to the project. It but not necessarily be limited to non-use of the building(s).  Applicant's Signature  Planning Approval	LANDSCAPING/SCREENING REQUIRED: YES NO  PARKING REQUIREMENT: Perfective approval  PL FLOODPLAIN CERTIFICATE REQUIRED: YES NO  SPECIAL CONDITIONS: Must sulmit alwanton  CERTIFICATE BEFORE C.O. SIGN off. CALL for  LS. Planning Department Director. The structure inspection has been completed and a Certificate of Occupancy has been issued code). Required improvements in the public right-of-way must be guaranteed of site improvements must be completed or guaranteed prior to issuance of a his permit shall be maintained in an acceptable and healthy condition. The unhealthy condition is required by the Grand Junction Zoning and Development and stamped by City Engineering prior to issuing the Planning Clearance. One the information is correct; I agree to comply with any and all codes, ordinances, understand that failure to comply shall result in legal action, which may include  Date  Date  Date

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.1 Grand Junction Zoning and Development Code)

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

		SECTION	A - PROPERTY	OWNER INFORMAT	TION	For Insurance Company Use:
BUILDING OWNER'S NAME						Policy Number
DI III DINIO CERSETTI I SE		FEC LLC				
	DRESS (Including	Apt., Unit, Suite, and/ ARKNIAY	or Bidg. No.) OF	P.O. ROUTE AND BO	OX NO.	Company NAIC Number
CITY GRAND JU				STATE CO	ZIP (	CODE 8/505
PROPERTY DESCRIPTI	ON (Lot and Blod	Numbers, Tax Paro	el Number, Lega	Description, etc.)		
BUILDING USE (e.g., Re	sidential Non-resi	dential Addition Acc	esson etc. Use	a Comments area if no	ecessary)	
Comme		domadi, / (ddidon, / (dd	55557, Cita. 555	a commens area, in the	cocssary.)	
LATITUDE/LONGITUDE			ONTAL DATUN		OURCE: GPS (T	ype):
##°-##-###" or ## 39.08°//08		X NAD 1	927 🔲 NAD 1	983	∑(USGS)	Quad Map
31.03 / 108.		SECTION B - FLOOI	INSURANCE	RATE MAP (FIRM) IN	FORMATION	
B1. NFIP COMMUNITY NAME	& COMMUNITY NUM	/BER	B2. COUNTY NA	ME		B3. STATE
MESH COUNTY, C				MESA		Ćo
B4. MAP AND PANEL	1		В	7. FIRM PANEL		B9. BASE FLOOD ELEVATION(S)
NUMBER	B5. SUFFIX	B6. FIRM INDEX DAT		TIVE/REVISED DATE	B8. FLOOD ZONE(S)	(Zone AO, use depth of flooding)
0460	B	July 15, 199			X, AE	4542.50
B10. Indicate the source of the				_		
	FIRM	Community De		Other (Describ		
B11. Indicate the elevation dat					Other (Describe):	Decise of a Dete
B12. Is the building located in						Designation Date
				NFORMATION (SURV		
C1. Building elevations are ba	•	-	☐ Building Unde		Finished Construction	
*A new Elevation Certifica	•		• .			0 177 15 15
C2. Building Diagram Number			r to the building to	which this centricate is be	eing completed - see p	ages 6 and 7. If no diagram
accurately represents the			W DEE) AD AD		D#11 4D#6	
C3. Elevations – Zones A1-A3			-			
· ·	-					m the datum used for the BFE in
				datum conversion calcula	tion. Use the space pr	ovided or the Comments area of
Section D or Section G, a	s appropriate, to do	Current the datum conv	ersion.	190.1-21EFF	A 4547 50+3	3.25 FT = 4545.75 FT
Datum <u>C.S.</u> Conversio	used Deept	_NGVDZ7 10 N	4VD 83 -> 1	on the EIDMO VO	7 12 12.JUL	
Elevation reference mark				on the FIRM? Yes . <u>00</u> ft.(m)	•	
o a) Top of bottom floor (i	_	or engosure)	77 <u>10</u>		Sea	OO LICE
o b) Top of next higher flo				ft.(m)	mbossed Seal, nd Date	
o c) Bottom of lowest hor		ember (v zones only)		ft.(m)	boss	1000
o d) Attached garage (top		wiomost	<del></del> '	_ft.(m)	and	Xo the long is
o e) Lowest elevation of r servicing the buildir	•			ft.(m)	ber, ure,	
o f) Lowest adjacent (finis		inincins area;	_		lum gnat	<b>13.</b> 2/19/04:56
o g) Highest adjacent (fin		1		ft.(m)	License Number, El Signature, a	
o h) No. of permanent op			ent grade		icen	GOODNAL ELES
The state of the s			_sq. in. (sq. cm)		ا ب	
o i) Total area of all permanent openings (flood vents) in C3.hsq. in. (sq. cm)  SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.						
I certify that the information						
I understand that any false						
CERTIFIER'S NAME	OTT SORE	DSEN			LICENSE NUMBER	42780
TITLE CIVIL ENG				COMPANY NAME	USTIN CIOLL	GROUP, INC
		SUITE 203	· · · · · · · · · · · · · · · · · · ·	CITY COAND. THA	STATI	GROW, INC ECO ZIPCODE CO 81501
SIGNATURE	D	- LU J		DATE 2/19/2	Q TELEF	PHONE
10-2()				2/17/0	7	242-7540
FEMA Form 81-31, Januar	y 2003	See	reverse side for	r continuation.		Replaces all previous editions

BUILDING STREET ADDRESS (Including Apt., U 2467 (2008)	PARKWAY			Policy Number
CITY GRAND - JUNICTION	ST	ATE CO	ZIP CODE 8150	Company NAIC Number
SECTION	ON D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICA	TION (CONTINUE	<b>E</b> D)
Copy both sides of this Elevation Certificate	for (1) community official, (2) insurance age	nt/company, and (3) building	owner.	
COMMENTS				
			1-62-20-1	
				Check here if attachments
	LEVATION INFORMATION (SURVEY			<del></del>
for Zone AO and Zone A (without BFE), com Section C must be completed.	plete Items E1 through E4. If the Elevation (	Certificate is intended for use	as supporting informa	ation for a LOMA or LOMR-F,
<ol> <li>Building Diagram Number(Select the burney represents the building, provide a sketch</li> </ol>	· · · · · · · · · · · · · · · ·	or which this certificate is bein	g completed – see pa	ages 6 and 7. If no diagram accurately
<ol> <li>The top of the bottom floor (including base natural grade, if available).</li> </ol>	· • · •	(m) _in.(cm) 🔲 above or [	below (check one	e) the highest adjacent grade. (Use
3. For Building Diagrams 6-8 with openings		d floor (elevation b) of the bui	ilding isft.(m)	in.(cm) above the highest adjacent
grade. Complete items C3.h and C3.i on 4. The top of the platform of machinery and/o		(m) _ in.(cm) [ ] above or [	below (check one	e) the highest adjacent grade. (Use
natural grade, if available).		(33)		,
5. For Zone AO only: If no flood depth numb	per is available, is the top of the bottom floor ocal official must certify this information in Se		he community's flood	dplain management ordinance?
	ON F - PROPERTY OWNER (OR OW		VE) CERTIFICATION	ON
The property owner or owner's authorized re issued BFE) or Zone AO must sign here. To		•		ithout a FEMA-issued or community-
PROPERTY OWNER'S OR OWNER'S AU				
ADDDECC		SID SQUIRREL		TE 7ID CODE
ADDRESS 244 7TH (F172FE)	7	CITY GRADIS JUNCT	10N 21A	TE CC ZIP CODE
SIGNATURE COMMENTS	rell	DATE 2/18/0	7 TELE	EPHONE 970 241-290
		, to we		
· ·	, and account of the second se			Check here if attachments
	SECTION G - COMMUNITY	INFORMATION (OPTION	VAL)	
he local official who is authorized by law or o				ions A, B, C (or E), and G of this Elevati
Certificate. Complete the applicable item(s) a	nd sign below.		•	
31. The information in Section C was take	en from other documentation that has been s ation. (Indicate the source and date of the e	-		ineer, or architect who is authorized by
G2. A community official completed Section	,		•	ne AO.
3. The following information (Items G4-C			•	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE 0	CERTIFICATE OF COM	IPLIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for: New	Construction Substantial Improvemen	ut		
68. Elevation of as-built lowest floor (including	=	-	ft.(m)	Datum:
69. BFE or (in Zone AO) depth of flooding at t	he building site is:	-	ft.(m)	Datum:
LOCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEPHONE		
SIGNATURE OMMENTS		DATE		AND THE RESERVE OF THE PARTY OF
OWNERTS				
				Chook here if the house
				Check here if attachments



O.M.B. No. 3067-0077 Expires December 31, 2005

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

		SECTION	A - PROF	PERTY OWNER INFORM	MATIC	ON .		For Insurance Company Use:
BUILDING OWNER'S NAME BURNS FEC LLC							Policy Number	
BUILDING STREET ADD 2469 RIVER	RESS (Including	Apt., Unit, Suite, and/		o.) OR P.O. ROUTE AND	ВОХ	NO.		Company NAIC Number
CITY GRAND JO				STATE CO		ZIP	CODE	81505
PROPERTY DESCRIPTION LOT 2 BAR	ON (Lot and Block			r, Legal Description, etc.) 5-094-/9-00 2	·			
BUILDING USE (e.g., Res						essary.)		
COMMERCE								
LATITUDE/LONGITUDE (##°-##-###" or ## 39.08°//08.60	.#####°)	NAD 19	ONTAL D		SOU	IRCE: GPS (1 USGS	(ype): Quad	I Map
31.08/100.00		SECTION B - FLOOI	INSUR/	ANCE RATE MAP (FIRM	) INFO	ORMATION		
B1. NFIP COMMUNITY NAME	& COMMUNITY NUM	IBER	B2. COUN	ITY NAME			B3. S	STATE
MESA COUNTY, C	OLORADO /O	80(15		MESA				Co
B4. MAP AND PANEL				87. FIRM PANEL				B9. BASE FLOOD ELEVATION(S)
NUMBER	B5. SUFFIX	B6. FIRM INDEX DAT JULY 15, 199		EFFECTIVE/REVISED DATE 14 15,1992		B8. FLOOD ZONE(S $X$ , $AE$		(Zone AO, use depth of flooding)
B10. Indicate the source of the					<u>l</u>	A, AL		17 12.00
☐ FIS Profile	⊠ FIRM	`☐ Community De	etermined	Other (De	scribe):	·		
B11. Indicate the elevation dat						Other (Describe):		
B12. Is the building located in a					,		o De	esignation Date
				TION INFORMATION (SI				
C1. Building elevations are bas			_	•	<b>F</b> in	ished Construction		
*A new Elevation Certifica	•		•	•				C47 K 4
C2. Building Diagram Number	-·	• •	r to the buil	ding for which this certificate	is bein	g completed - see p	oages	6 and 7. If no diagram
accurately represents the C3. Elevations – Zones A1-A3			ith REE\Δ	AR AR/A AR/AF AR/A1-A3	N AR/	AH AR/AO		
				n C2. State the datum used.			om the	e datum used for the BEE in
				ts and datum conversion cal				
Continu Dan Continu Can								
Datum 198 Conversion	n/Comments	NGUD29 to NAV	D88 =>	0.99m=3.25ft ≥ 45	542.5	0+3.25 ft =	454	13.13 Ft
Elevation reference mark	usedDoes th	ne elevation reference i	mark used	appear on the FIRM?	Yes ∑	☑ No		The state of the s
o a) Top of bottom floor (i	nduding basement	or enclosure)		4 <u>548</u> . <u>55</u> ft (m)		Seal,		A DOUGE TO
o b) Top of next higher flo	or			ft.(m)		й Р		A CONTRACTOR OF THE PARTY OF TH
o c) Bottom of lowest hori	zontal structural me	ember (V zones only)		ft.(m)		nbossed nd Date	1 4	
o d) Attached garage (top	of slab)		_	ft.(m)		odm:		42780 %
o e) Lowest elevation of r	-					П. б.	1	12 1/22/29 2
servicing the building	• •	mments area)		ft.(m)		License Number, Er Signature, ar		A THE STATE OF THE
o f) Lowest adjacent (finis			-	ft.(m)		Sign		William Erg
o g) Highest adjacent (fini				ft.(m)		Sens		Commercial
o h) No. of permanent op						Ĕ	L	
o i) Total area of all perm			_sq. in. (sq			TITIO A TION		
				INEER, OR ARCHITEC			,	
This certification is to be si								ation.
I certify that the information I understand that any false	ctatement may h	a nunichable by fine					e.	
CERTIFIER'S NAME	- Statement may b	e pariistiable by fille	or impriso	illion ander 10 0.0. 000		CENICE NILIMBED	. /	
CERTIFIER'S NAME Sca	TT SORENS	SEN					421	780
CIVIL ENC	INEER			COMPANY NAME	Aus	TIN CIVIL	GRA	oup, WC.
	St. Suite	203		CITY BRANDJ	TUNCT	STAT	E C	D ZIP CODE 81501
SIGNATURE (				DATE 11/23/0	9	TELE	PHON	DUP, NC.  ZIP CODE \$1501

IMPORTANT: In these spa		mation from Section A.		For Insurance Company Use:
BUILDING-STREET ADDRESS (INC 2469 RIVERSID	Ruding Apt., Unit, Suite, and Bldg. No.) OR F	.O. ROUTE AND BOX NO.		Policy Number
CITY BRAND JUNCTION		STATE CO	ZIP CODE 81503	Company NAIC Number
	SECTION D - SURVEYOR, ENG	INEER, OR ARCHITECT CE	RTIFICATION (CONTINUED	))
Copy both sides of this Elevation	Certificate for (1) community official, (2) i	nsurance agent/company, and (3	B) building owner.	
COMMENTS				
			1.000.00.00	
				Charlebane &
SECTION E - BUIL	LDING ELEVATION INFORMATIO	N (SURVEY NOT REQUIRE)	D) FOR ZONE AO AND ZON	Check here if attachments
<del>*</del>	BFE), complete Items E1 through E4. If	<del>- '</del>		· · · · · · · · · · · · · · · · · · ·
Section C must be completed.				
<ol><li>Building Diagram Number _(S represents the building, provid</li></ol>	elect the building diagram most similar to	the building for which this certific	ate is being completed – see pag	es 6 and 7. If no diagram accurately
	e a sketch or photograph.) luding basement or enclosure) of the buil	ding isft.(m)in.(cm) a	bove or Delow (check one) t	he highest adjacent grade. (Use
natural grade, if available).				
	openings (see page 7), the next higher f	loor or elevated floor (elevation b)	of the building isft.(m)in.	(cm) above the highest adjacent
grade. Complete items C3.h a 4. The top of the platform of mach	and Co.r of front of form. ninery and/or equipment servicing the bui	lding is ft.(m) in.(cm) a	bove or Delow (check one) to	he highest adiacent grade. (Use
natural grade, if available).	3			, , , , , , , , , , , , , , , , , , ,
	depth number is available, is the top of the		ance with the community's floodpl	ain management ordinance?
☐ Yes ☐ No ☐ Unkno	wn. The local official must certify this info SECTION F - PROPERTY OWNI	,	ENTATIVE) CERTIFICATION	<u> </u>
The property owner or owner's au	athorized representative who completes		<u> </u>	•
· · ·	gn here. The statements in Sections A, E	-	• • • • • • • • • • • • • • • • • • • •	out at Live-1550ca of community-
PROPERTY OWNER'S OR OW	NER'S AUTHORIZED REPRESENTAT	IVE'S NAME	2061	
ADDRESS O.D746		CITY A	RELL STATE	ZIP CODE
2417	STREET	BRAN	10 Junktion State	6 2 81501
SIGNATURE ( A)	2 Sommell	DATE 11 7 21/1	19 TELEP	HONE 970-241-
COMMENTS /	J Esperie	1.10110		· · · · · · · · · · · · · · · · · · ·
<b>U</b>	<del>'                                    </del>		···	
				Check here if attachments
	SECTION G - CO	DMMUNITY INFORMATION	(OPTIONAL)	Oneok here if allaorimenta
ne local official who is authorized b	by law or ordinance to administer the con		<u>, , , , , , , , , , , , , , , , , , , </u>	s A, B, C (or E), and G of this Elevat
ertificate. Complete the applicable	``		·	, ,
	C was taken from other documentation to tion information. (Indicate the source and			er, or architect who is authorized by
	eted Section E for a building located in Z			AO.
	Items G4-G9) is provided for community t			
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G	66. DATE CERTIFICATE OF COMPL	LANCE/OCCUPANCY ISSUED
7. This permit has been issued for	r: New Construction Substantia	Improvement		
	r (including basement) of the building is:		ft.(m)	Datum:
9. BFE or (in Zone AO) depth of fl	looding at the building site is:		ft.(m)	Datum:
LOCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEF	PHONE	
SIGNATURE		DATE		
COMMENTS				
		· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·	
				Check here if attachments