

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

#49441-0

Planning \$ 5.00
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 3150 10th 12th St.
 Parcel No. 2945-013-20-001
 Subdivision Primary Care Partners Services
 Filing _____ Block _____ Lot 1

Multifamily Only:
 No. of Existing Units _____ No. Proposed _____
 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 _____
 Address _____
 City / State / Zip _____

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

APPLICANT INFORMATION:

Name Mike Cooper
 Address 527 36th Rd
 City / State / Zip Palisade CO 81526
 Telephone 970-234-9088

* FOR CHANGE OF USE:
 *Existing Use: Physical Therapy Rehab
 *Proposed Use: DR. Office
 Estimated Remodeling Cost \$ \$104,000.00
 Current Fair Market Value of Structure \$ 10,437,840.00

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 PD 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 _____ 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 Mike Cooper Date 4-6-10
 Planning Approval Daylan Anderson Date 4-6-10

Additional water and/or sewer tap fee(s) are required:	YES	NO	W/O No. <u>remodel only</u>
Utility Accounting <u>[Signature]</u>	Date <u>4-6-10</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)