

E

PCN-2010-175

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

Planning \$ <u>5.00</u>
Bldg Permit #
File # <u>PCN-2010-175</u>

# PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

**Public Works & Planning Department**

Building Address 2356 No. 7th St.  
 Parcel No. 2745-111-02-001  
 Subdivision \_\_\_\_\_  
 Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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 ST. MARY'S HOSPITAL  
 Address 2645 No 7th  
 City / State / Zip G.S. Co. 81501

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

### APPLICANT INFORMATION:

Name STICKS & STONES  
 Address 2920 D 1/2 Rd  
 City / State / Zip G.S. Co. 81501  
 Telephone (970) 250-4411

\* FOR CHANGE OF USE:  
 \*Existing Use: \_\_\_\_\_ **PAID**  
 \*Proposed Use: \_\_\_\_\_ OCT 01 2010  
 Estimated Remodeling Cost \$ \_\_\_\_\_ RS  
 Current Fair Market Value of Structure \$ \_\_\_\_\_

**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 \_\_\_\_\_  
 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 \_\_\_\_\_ Special Conditions: \_\_\_\_\_  
 Location Approval \_\_\_\_\_ (Engineer's Initials)

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 \_\_\_\_\_  
 Planning Approval [Signature] Date 10/1/10

Additional water and/or sewer tap fee(s) are required: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	W/O No. <u>not applicable</u>
Utility Accounting <u>[Signature]</u>	Date <u>10-1-10</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)