

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

Planning \$ <u>5.0</u>
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)
Public Works & Planning Department

Existing Unit 749-C

Building Address 359 Colorado Ave
 Parcel No. 2945-143-50-003
 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 Trust TRIFEGTA LLC
 Address 359 CO Ave
 City / State / Zip G.J. Co 81501

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

APPLICANT INFORMATION:

Name Steve JOSEPHS
 Address P.O. Box 1267
 City / State / Zip G.J. 81501
 Telephone 201-4463

* FOR CHANGE OF USE:
 *Existing Use: RESTAURANT
 *Proposed Use: OUTDOOR PATIO per plans submitted to DDA
 Estimated Remodeling Cost \$ 3,000
 Current Fair Market Value of Structure \$ 330,680

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 <u>B 2</u>	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 _____ <small>(Engineer's Initials)</small>	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 [Signature] Date 4-22-10
 Planning Approval [Signature] Date 4/22/10

PAID

FB

Additional water and/or sewer tap fee(s) are required: YES _____ NO <input checked="" type="checkbox"/> W/O No. _____
Utility Accounting <u>[Signature]</u> Date <u>4/22/10</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)