

PN-2010-415

7CP \$
Drainage \$
SIF \$
Inspection \$

Planning \$	5.00
Bldg Permit #	
File #	

# PLANNING CLEARANCE

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

3138-0 1.5 E&W  
 35914

Building Address 740 GUNNISON AVE.  
 Parcel No. 2945-141-23-012  
 Subdivision CITY  
 Filing \_\_\_\_\_ Block 40 Lot 23-29

Multifamily Only:  
 No. of Existing Units \_\_\_\_\_ No. Proposed \_\_\_\_\_  
 Sq. Ft. of Existing 19,027 Sq. Ft. Proposed \_\_\_\_\_  
 Sq. Ft. of Lot / Parcel .662 ACRES  
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface  
 (Total Existing & Proposed) \_\_\_\_\_

**OWNER INFORMATION:**

Name CENTER FOR INDEPENDENCE  
 Address 740 GUNNISON AVE.  
 City / State / Zip GRAND JUNCTION, CO 81501

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

**APPLICANT INFORMATION:**

Name MICHAELA FOLSON  
CENTER FOR INDEPENDENCE  
 Address 740 GUNNISON AVE.  
 City / State / Zip GRAND JUNCTION, CO 81501  
 Telephone 970-241-0315

\* FOR CHANGE OF USE: PAID  
OCT 26 2010  
 \*Existing Use: \_\_\_\_\_  
 \*Proposed Use: INSTALL HAND SINK, DESHWASHER & REFRIGERATOR  
 Estimated Remodeling Cost \$ 3,700  
 Current Fair Market Value of Structure \$ 606,320.00

**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 <u>R-8</u>	Maximum coverage of lot by structures <u>N/A</u>
SETBACKS: Front <u>20'</u> from property line (PL)	Landscaping/Screening Required: YES _____ NO <u>X</u>
Side <u>5'</u> from PL Rear <u>10'</u> from PL	Parking Requirement <u>N/A</u>
Maximum Height of Structure(s) <u>N/A</u>	Floodplain Certificate Required: YES _____ NO <u>X</u>
Voting District _____	Ingress / Egress Location Approval _____ (Engineer's Initials)
	Special Conditions: <u>INTERNAL REMODEL TO ADD HAND SINK, DESHWASHER &amp; REFRIG. FOR BREAK ROOM</u>

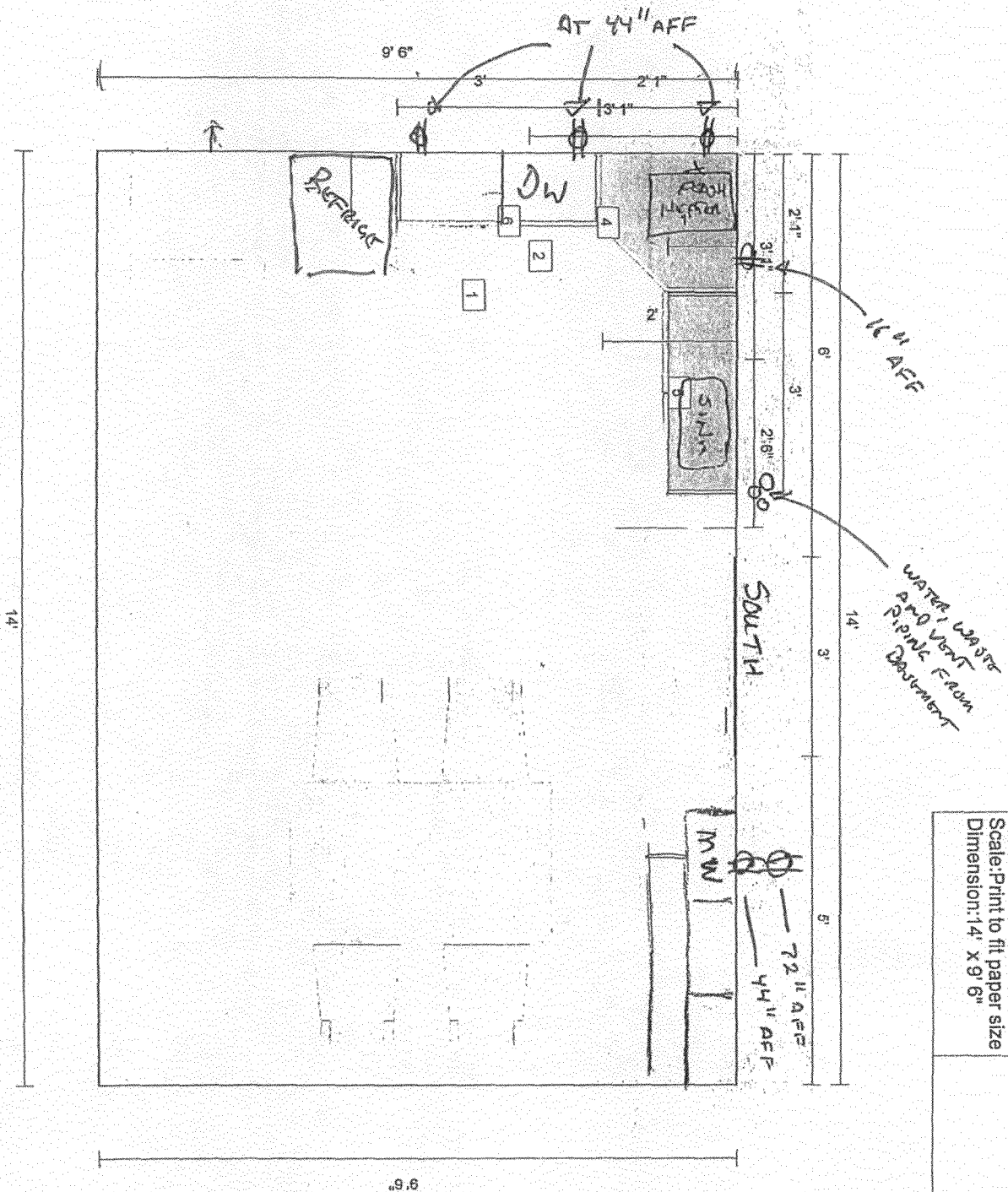
Modifications to this Planning Clearance must be approved, in writing, by the Public Works & Planning Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building 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 10/26/10  
 Planning Approval [Signature] Date 10-26-10

Additional water and/or sewer tap fee(s) are required: <input checked="" type="radio"/> YES <input type="radio"/> NO	W/O No.
Utility Accounting <u>[Signature]</u>	Date <u>10-26-10</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)



File name: Untitled	Your note:
Date: 6/8/2010	
Scale: Print to fit paper size	
Dimension: 14' x 9' 6"	

APPROVED 10-26-10

*Scott A. Patten*

SENIOR PLANNER

CITY OF GRAND JUNCTION