

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

#8705-1

Planning \$ 500
Bldg Permit #
File #

### PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

#### Public Works & Planning Department

Building Address 715 HORIZON DRIVE  
 Parcel No. 2701-363.00-121  
 Subdivision \_\_\_\_\_  
 Filing \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Multifamily Only  
 No. of Existing Units \_\_\_\_\_ No. Proposed \_\_\_\_\_  
 Sq. Ft. of Existing \_\_\_\_\_ Sq. Ft. Proposed \_\_\_\_\_  
 Sq. Ft. of Lot / Parcel 2.85 AC  
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface  
 (Total Existing & Proposed) \_\_\_\_\_

**OWNER INFORMATION:**

Name CORE INC.  
 Address P.O. Box 4410  
 City / State / Zip GRAND Jct. Co 81502

**APPLICANT INFORMATION:**

Name CARMACK CONSTRUCTION  
 Address 3287 C RD.  
 City / State / Zip PALISADE, Co. 81526  
 Telephone 970-433-0358

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

\* FOR CHANGE OF USE:  
 \*Existing Use: RESTROOMS  
 \*Proposed Use: ADA RESTROOMS

Estimated Remodeling Cost \$ 20,000.00  
 Current Fair Market Value of Structure \$330,680.00

**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 _____	Ingress / Egress Location Approval _____ (Engineer's Initials)	Maximum coverage of lot by structures _____	Special Conditions: _____
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 <input checked="" type="checkbox"/>	

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 2-18-10

Planning Approval Wendy Spurr Date 2/18/10

Additional water and/or sewer tap fee(s) are required: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	W/O No. <u>Restroom remodel</u>
Utility Accounting <u>Other Room</u>	Date <u>2/18/10</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)