

37478-0

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

Planning \$ 5.00
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 2464 Highway 6+50
 Parcel No. 2945-091-23-001
 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 GRAND MESA CATER LLC
 Address 2127 INDEPENDENT BUS. CENTER
ST. LOUIS, MO 63114-5700
 City / State / Zip _____

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

APPLICANT INFORMATION:

Name HORIZON RETAIL CONSTRUCTION
 Address 1500 HORIZON DRIVE
 City / State / Zip STATEVILL WI 53177
 Telephone 262-331-4794 BILL FOSTER

* FOR CHANGE OF USE:
 *Existing Use: OLD NAVY
 *Proposed Use: OLD NAVY
 Estimated Remodeling Cost \$ 150,000
 Current Fair Market Value of Structure \$ 24,483,310

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>C-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 _____ (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 William Foster Date 3-5-10
 Planning Approval Judith Reynolds Date 3-5-10

Additional water and/or sewer tap fee(s) are required: YES _____ NO <input checked="" type="checkbox"/>	W/O No. <u>Remodel</u>
Utility Accounting <u>Bill Foster</u>	Date <u>3-5-2010</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)