

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

53491-0

Planning \$ 5.00
Bldg Permit #
File #

PLANNING CLEARANCE

(Multifamily & Nonresidential Remodels and Change of Use)

Public Works & Planning Department

Building Address 2466 HWY 6150 #1
 Parcel No. 2945-091-23002
 Subdivision GRAND MESA COUNTRY
 Filing _____ Block _____ Lot _____

Multifamily Only:
 No. of Existing Units _____ No. Proposed _____
 Sq. Ft. of Existing 675 Sq. Ft. Proposed 825
 Sq. Ft. of Lot / Parcel _____
 Sq. Ft. Coverage of Lot by Structures & Impervious Surface
 (Total Existing & Proposed) _____

OWNER INFORMATION:

Name TRAZ SNOW & SKATE
 Address 2466 HWY 6150 #2
 City / State / Zip GRAND JCT CO 81504

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

APPLICANT INFORMATION:

Name TOMMARTAN BUILDERS INC
 Address 2979 1/2 PENYON AVE
 City / State / Zip GRAND JCT CO 81504
 Telephone 970-216-3133

* FOR CHANGE OF USE:
 *Existing Use: RETAIL
 *Proposed Use: RETAIL
 Estimated Remodeling Cost \$ 2,500
 Current Fair Market Value of Structure \$ 795,080.00

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>C2</u>	Maximum coverage of lot by structures <u> </u>
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: <u>per plan</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 1/12/10
 Planning Approval [Signature] Date 1/11/09

Additional water and/or sewer tap fee(s) are required:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	W/O No. <u>remodel only</u>
Utility Accounting <u>[Signature]</u>	Date <u>1-11-2010</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)