

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 AR# 743 Road Ave
747 Road Ave
 Parcel No. 2945-144-17-015
 Subdivision Original Townsite
 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 NCCMU
 Address 747 Road Ave
 City / State / Zip Grand Jct

DESCRIPTION OF WORK & INTENDED USE:

Remodel Change of Use (*Specify uses below)
 Addition Change of Business
 Other: _____

Replacing Windows & Doors
 * FOR CHANGE OF USE:

APPLICANT INFORMATION:

Name BETTON CONST
 Address 3267 C Road
 City / State / Zip Palisad CO 81526
 Telephone 970-210-1017

*Existing Use: _____
 *Proposed Use: _____

PAID
 Estimated Remodeling Cost \$ 800.00
 Current Fair Market Value of Structure \$ 655,910.00

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 B-2 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 _____ Special Conditions: _____
 (Engineer's Initials)

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 5/3/2010
 Planning Approval [Signature] Date 5/3/10

Additional water and/or sewer tap fee(s) are required:	YES	<input checked="" type="checkbox"/> NO	W/O No.
Utility Accounting	<u>[Signature]</u>		Date <u>5/3/10</u>

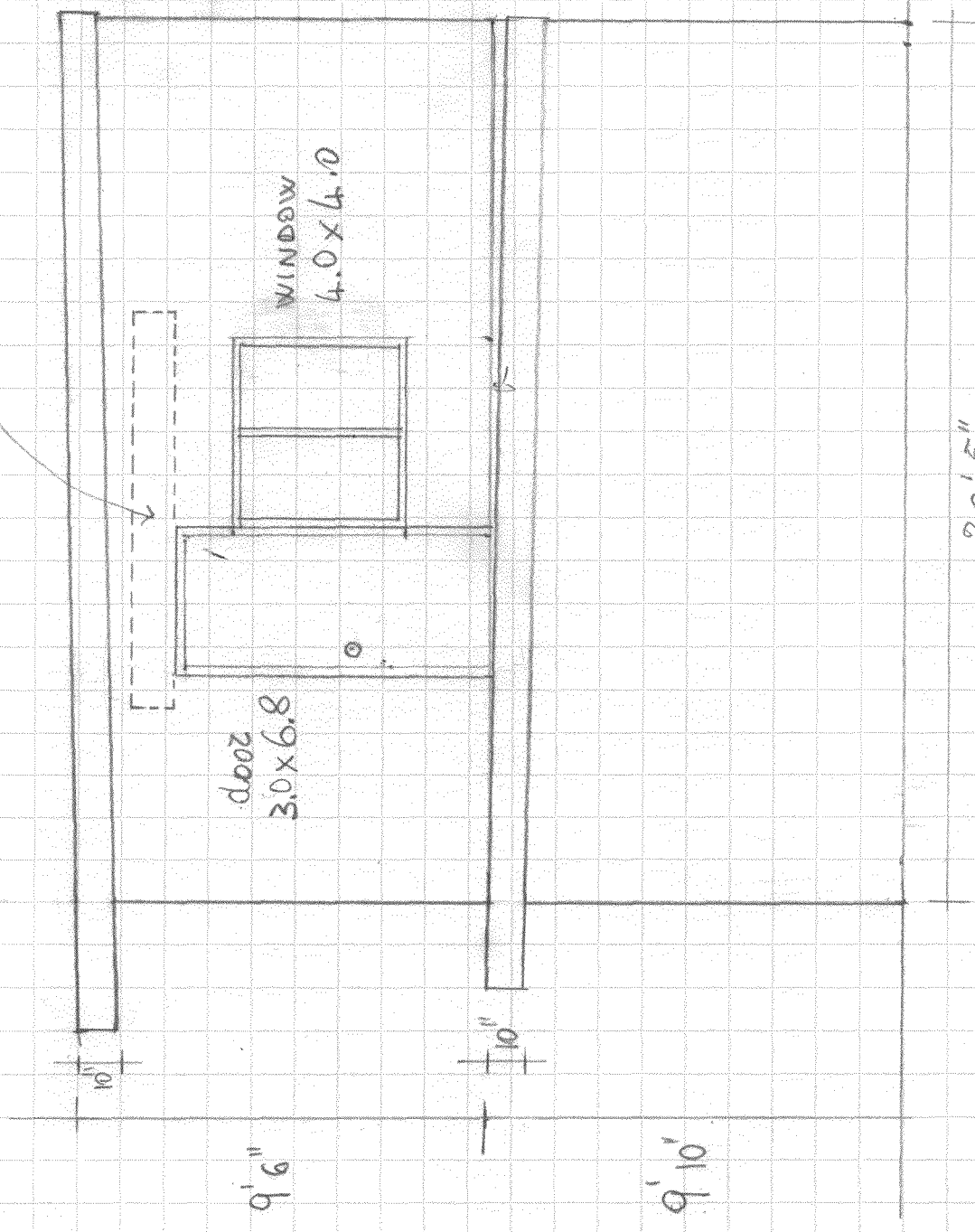
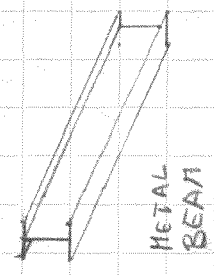
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 2.2.C.4 Grand Junction Zoning & Development Code)
 (White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

747 Reed Ave

METAL BEAM

JOB DESCRIPTION:

- HEADER ABOVE
DOOR & WINDOW
USING METAL
BEAM 8"x12"



ACCEPTED Pat Dunlop 5/2/10
ANY CHANGE OF SETBACKS MUST BE
APPROVED BY THE CITY PLANNING DIVISION.
IT IS THE APPLICANT'S RESPONSIBILITY TO
PROPERLY LOCATE AND IDENTIFY
EASEMENTS AND UTILITIES.