

CGCC BUILDING PERMIT APPLICATION

Name: <i>Victoria Rae Smith</i>		Date: <i>5-30-2017</i>
Property Address: <i>330 North Palmer Drive, Cape George Colony</i>		Port Townsend, WA 98368
Email Address: <i>VicRae10@gmail.com</i>	Daytime Phone:	Evening Phone: <i>360-643-1527</i>
Request Building Permit for: Select one	Legal Location:	
Home <input type="checkbox"/>	Blk No. _____	Colony <input checked="" type="checkbox"/>
Manufactured/Mobile Home <input type="checkbox"/>	Div No.: _____	Village <input type="checkbox"/>
Addition <input type="checkbox"/>	Lot No.: _____	Highlands <input type="checkbox"/>
		Outbuilding <input checked="" type="checkbox"/>
		Other <input type="checkbox"/>

Please answer the following questions		YES	NO
1	I agree to abide by the CGCC Building and Property Regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Can the location of your proposed building be determined by survey markers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Have your plot plans been prepared according to the CGCC Building and Property Regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Do the plans show the location of underground utilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Do your plans require a Variance Request?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Manufactured/Mobile Home Installation: (a) Does the plot plan include a description of the manufactured/mobile home year and the dimensions, not including the tongue? (b) Does the concrete slab floor on which the manufactured/mobile home is to be installed have a minimum thickness of three and one-half (3 1/2) inches?	<i>N/A</i>	
7	Indicate the exact set-back as measured from the front property line to the nearest point of structure, including overhangs (minimum set back requirement is 25 feet):	<i>71</i> ft. ___ in.	
8	Indicate the exact overall height of structure as measured from point of highest natural grade at the foundation line to highest point of roof ridge (maximum height of 17 feet):	<i>16</i> ft. ___ in.	
9	Indicate the exact square footage of your living area – minimum 1,000 sq.ft.	___ sq ft	
Attach a copy of Approved Jefferson County permit and plans.		___ attached	
Attach plot plans per CGCC Building and Property Regulations.		___ attached	
Attach Fills/Earthwork/Culverts/Drainage Permit application, if applicable		___ attached	
Attach driveway Connection Permit application.		___ attached	
Attach Water Connection Permit application, if applicable		___ attached	
Attach Variance Request application, if applicable		___ attached	

Contact Building Committee upon completion of your project for final

Owner's or Agent's signature: <i>[Signature]</i>	Date: <i>5-30-2017</i>
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Building Committee: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (reason):	Date:
Signature: <i>[Signature]</i>	<i>6/7/2017</i>
Manager Signature:	Date:

RECORD DRAWING

Property Owner: DIMNE COTE Parcel #: 937-800-126
 Designer: Ronald Garcelon Date Inspected: 2/10/2011
 Installer: Shold Excavating Permit SEP#: 2009-00264

DATE: 02/10/2011

SITE ADDRESS: 330 PALMER DRIVE, PORT TOWNSEND, WA 98368

TYPE OF SYSTEM: GLENDON BIOFILTER

NUMBER OF BEDROOMS: 2 AQUAWORX CONTROL PANEL ID#: 00-09-1024

MAXIMUM DESIGN FLOW: 240 GPD

PUMP CHAMBER TO PODS GPD NORMAL: 120 GAL

TIMER SETTINGS: GPD VETO: 204 GAL

ON 9 SEC NORMAL NUMBER OF EVENTS: 0

OFF 20 MIN NORMAL NUMBER OF DOSES: 12

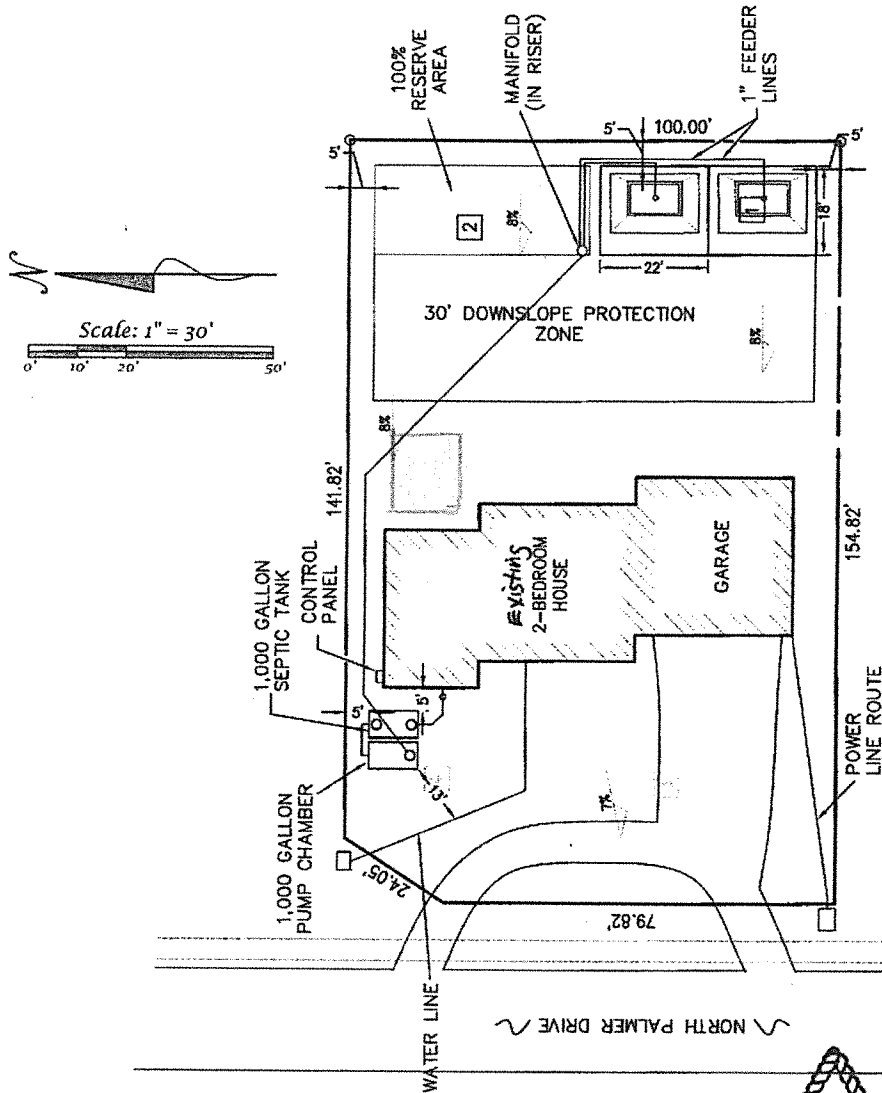
ON 9 SEC NORMAL NUMBER OF V DOSES: 12

OFF 11 MIN 40 SEC NORMAL ETM: 00:07:15

PUMP: GOULDS EP0511

Z-BIAS: ZB-08

TRANSDUCER SETTINGS: START: 2", VETO: 14", HIGH WATER ALARM: 24"



I certify the information hereon was verified by inspection and the system installation appears to have been completed in accordance with the approved design except for the changes made during installation as noted above and on the reverse.

Date: 2/11/11

Designer's Stamp and Signature:

