

CAPE GEORGE COLONY CLUB

61 CAPE GEORGE DRIVE
PORT TOWNSEND, WA 98368

PHONE: (360) 385-1177
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**DEMOLITION AND REMOVAL OF BUILDINGS
PERMIT APPLICATION**

| | | |
|--|----------------------|----------------------|
| Name: | | Date: |
| Mailing Street Address: | City: | State & Zip |
| Telephone (day): | | Telephone (evening): |
| Legal Location: Lot No. _____ Colony <input type="checkbox"/> Div No.: _____ Village <input type="checkbox"/> Blk No.: _____ Highlands <input type="checkbox"/> | Street Name and No.: | |

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|---|
| Please attach County Demolition Permit and any applicable State Permits. |
| Start Date _____ |
| Work must be completed within 60 days of start date. |

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| Scope of Work: |
| I have read and will abide by the Building and Property Regulation regarding Demolition and Removal of Buildings. |
| Owner's Signature: _____ Date: _____ |

----- CLUB USE ONLY -----

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|---|--------------------------|---|
| We have reviewed this application and: | | |
| 1 | <input type="checkbox"/> | Your request is hereby approved. |
| 2 | <input type="checkbox"/> | Your request is hereby denied at this time for the following reason(s): |
| Building Committee(signature) | Manager(signature): | Date: |

| |
|---|
| ***** |
| We have inspected this project and certify it in compliance with Club Regulations and completed within time frame. |

| | |
|-------------------------------------|-------------|
| Building Committee Signature: _____ | Date: _____ |
| Manager Signature: _____ | Date: _____ |