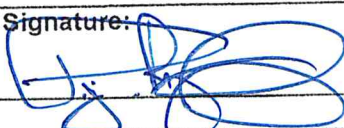


CGCC BUILDING PERMIT APPLICATION

Name: <u>Paulson Family Living Trust</u> <u>Robert & Debra Paulson, Trustees</u>		Date: <u>8/18/2021</u>
Property Address: <u>103 Hemlock Drive</u>		Port Townsend, WA 98368
Email Address:	Daytime Phone: Evening Phone: <u>916-532-1125</u>	
Request Building Permit for: Select one	Legal Location:	
Home <input type="checkbox"/> Outbuilding <input type="checkbox"/>	Blk No. _____	Colony <input checked="" type="checkbox"/>
Manufactured/Mobile Home <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Div No.: <u>3</u>	Village <input type="checkbox"/>
Addition <input type="checkbox"/>	Lot No.: <u>40</u>	Highlands <input type="checkbox"/>

Please answer the following questions		YES	NO
1	Is a Jefferson County Building Permit required for this project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	I agree to abide by the CGCC Building and Property Regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Can the location of your proposed building be determined by survey markers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Have your plot plans been prepared according to the CGCC Building and Property Regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Do the plans show the location of underground utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Do your plans require a Variance Request?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	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):	<u>68</u> ft. ___ in.	
9	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):	<u>15</u> ft. ___ in.	
10	Indicate the exact square footage of your living area – minimum 1,000 sq.ft.	<u>1755</u> sq ft	
Attach a copy of Approved Jefferson County permit and plans. <u>BLD2021-00510</u>		<input checked="" type="checkbox"/> attached	
Attach plot plans per CGCC Building and Property Regulations.		<input type="checkbox"/> attached	
Attach Fills/Earthwork/Culverts/Drainage Permit application, if applicable		<input type="checkbox"/> attached	
Attach driveway Connection Permit application.		<input type="checkbox"/> attached	
Attach Water Connection Permit application, if applicable		<input type="checkbox"/> attached	
Attach Variance Request application, if applicable		<input type="checkbox"/> attached	

Contact Building Committee upon completion of your project for final

Owner's or Agent's signature: <u>Jacques for Permit Runner & the Paulsons</u>	Date: <u>10/18/2021</u>
Building Committee: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (reason): Signature: <u>Richard VanPelt*</u>	Date: <u>11/8/21</u>
Manager Signature: 	Date: <u>11/8/21</u>

*LEFT A MESSAGE FOR APPLICANT THAT SETBACKS ARE TO EAVES, NOT FOUNDATION & MANUFACTURED HOMES HAVE TO BE PLACED ON SLABS.



JEFFERSON COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT
621 Sheridan Street | Port Townsend, WA 98368
360-379-4450 | email: dcd@co.jefferson.wa.us
www.co.jefferson.wa.us/commdevelopment

BUILDING PERMIT

PERMIT #:	BLD2021-00510	Received Date:	8/30/2021
SITE ADDRESS:	103 HEMLOCK DR	Issue Date	10/6/2021
	PORT TOWNSEND, 98368	Expiration Date	10/6/2022
OWNER:	ROBERT & DEBRA PAULSON DEBRA PAULSON TRUSTEE 7617 FEY WAY ELK GROVE CA 95757-1734	PHONE:	916.532.1125
SUBDIVISION:	9405 - CAPE GEORGE VILLAGE #3		
PARCEL NUMBER:	940500039	Section:	13 Township: 30 N Range: 2W
CONTRACTOR:	MIKES SET UP 2175 LYNETTE PL NW BREMERTON WA 98312 PHONE: 360.373.3129	Contractor's License	SILVEK*055K2 Expir

**PROJECT DESCRIPTION: MANUFACTURED HOME
2017-00157**

TYPE OF WORK	MOB	<u>SQUARE FOOTAGE:</u>			
TYPE OF IMP	NEW	MAIN:	1,512	HEAT TYPE:	EEE
VALUATION		ADD'L:		HEAT TYPE:	
CODE EDITION:	2018	HEAT BASE:		# OF STORIES:	
OCCUPANCY:		UNHEATED:		SHORELINE:	
OCCUPANCY:		OTHER:		SETBACK:	
CONST TYPE:		GARAGE:		BANK HEIGHT:	
CONST TYPE:		DECK:			

SEWAGE DISPOSAL: ALT
WATER SYSTEM: 11050

<u>BEDROOMS:</u>	<u>BATHROOMS:</u>
Exist: 2	Exist: 2
Prop: 2	Prop: 2
Total: 2	Total: 2

Type	Amount Paid	By:	Date:	Receipt:
Permit	\$679.00	HES	09/03/21	198716
Consistency Review DCD018	\$291.00	HES	09/03/21	198716
EH SEP/RES Rev	\$141.00	HES	09/03/21	198716
Potable Water Application	\$141.00	HES	09/03/21	198716
Scanning Fee DCD022	\$24.00	HES	09/03/21	198716
State Building Code DCD032	\$6.50	HES	09/03/21	198716
Tech Fee DCD003	\$64.13	HES	09/03/21	198716
Total:	\$1,346.63			

R105.5 Expiration. Every *permit* issued shall become invalid unless the work authorized by such *permit* is commenced within 180 days after its issuance, or if the work authorized by such *permit* is suspended or abandoned for a period of 180 days after the time the work is commenced.

HEALTH DEPARTMENT AND PUBLIC WORKS APPROVAL REQUIRED PRIOR TO FINAL INSPECTION

THIS PERMIT IS VALID FOR ONE YEAR OR IT MUST BE PROPERLY RENEWED

BUILDING INSPECTION HOT-LINE 379-4455.

Request must be received by 3pm the day before the inspection is needed.

Final Inspections require 24 hour notice.

Office Hours 9:00 am - 4:30 pm **MONDAY - THURSDAY**

HOT LINE AVAILABLE 24 HOURS A DAY

SPECIAL CONDITIONS APPLY - SEE ATTACHED