

**CAPE GEORGE COLONY CLUB**

61 CAPE GEORGE DRIVE  
PORT TOWNSEND, WA 98368

PHONE: (360) 385-1177  
FAX: (360) 385-3038

**CGCC BUILDING PERMIT APPLICATION**

Name: <u>Jill Goodnight &amp; Jeff Collum</u>		Date: <u>8/7/20</u>
Property Address: <u>61 Hemlock</u>		Port Townsend, WA 98368
Email Address: <u>jeff collum@msn.com</u>	Daytime Phone: <u>206-679-6253 (cell)</u>	Evening Phone: <u>206-517-1390 (landline)</u>
Request Building Permit for: Select one	Legal Location:	
Home <input checked="" type="checkbox"/> Outbuilding <input type="checkbox"/>	Blk No. _____	Colony <input type="checkbox"/>
Manufactured/Mobile Home <input type="checkbox"/> Other <input type="checkbox"/>	Div No.: <u>3</u>	Village <input checked="" type="checkbox"/>
Addition <input type="checkbox"/>	Lot No.: <u>37</u>	Highlands <input type="checkbox"/>

Please answer the following questions		YES	NO
1	Is a Jefferson County Building Permit required for this project?	X	
2	I agree to abide by the CGCC Building and Property Regulations?	X	
3	Can the location of your proposed building be determined by survey markers?	X	
4	Have your plot plans been prepared according to the CGCC Building and Property Regulations?	X	
5	Do the plans show the location of underground utilities?	X	
6	Do your plans require a Variance Request?		X
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?		NA
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>25</u> ft.	<u>0</u> 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>17</u> ft.	<u>0</u> in.
10	Indicate the exact square footage of your living area – minimum 1,000 sq.ft.	<u>2314</u> sq ft	
Attach a copy of Approved Jefferson County permit and plans.		<u>X</u>	attached
Attach plot plans per CGCC Building and Property Regulations.		<u>X</u>	attached
Attach Fills/Earthwork/Culverts/Drainage Permit application, if applicable		<u>X</u>	attached
Attach driveway Connection Permit application. <u>previously submitted</u>		___	attached
Attach Water Connection Permit application, if applicable " " "		___	attached
Attach Variance Request application, if applicable <u>NA</u>		___	attached

**Contact Building Committee upon completion of your project for final**

Owner's or Agent's signature: <u>Jill Goodnight</u> <u>Jeff Collum</u>	Date: <u>8/7/20</u>
Building Committee: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (reason):	Date:
Signature: <u>[Signature]</u>	<u>26 Aug. 2020</u>
Manager Signature: <u>[Signature]</u>	Date: <u>08/26/20</u>



**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 #: BLD19-00320  
SITE ADDRESS: 61 HEMLOCK DR  
PORT TOWNSEND, 98368

Received Date: 7/19/2019  
Issue Date: 10/7/2019  
Expiration Date: 10/7/2020

OWNER: JILL GOODNIGHT  
JEFF A COLLUM  
2133 N 63RD ST  
SEATTLE WA 98103-5446

PHONE: 206-527-1390

SUBDIVISION: 9405 - CAPE GEORGE VILLAGE #3  
PARCEL NUMBER: 940500036 Section: 13 Township: 30 N Range: 2W

CONTRACTOR: OWNER/BUILDER

**PROJECT DESCRIPTION: NEW SINGLE FAMILY RESIDENCE  
SEP18-00153**

TYPE OF WORK	RES	<u>SQUARE FOOTAGE:</u>			
TYPE OF IMP	NEW	MAIN:	1,197	HEAT TYPE:	EEE
VALUATION	320,000.00	ADD'L:	1,117	HEAT TYPE:	
CODE EDITION:	2015	HEAT BASE:		# OF STORIES:	2
OCCUPANCY:	R-3	UNHEATED:		SHORELINE:	
OCCUPANCY:		OTHER:		SETBACK:	
CONST TYPE:	5N	GARAGE:		BANK HEIGHT:	
CONST TYPE:		DECK:	320		

SEWAGE DISPOSAL: ALT  
WATER SYSTEM: 11050

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

Type	Amount Paid	By:	Date:	Receipt:
Permit	\$2,567.00	SRE	07/18/19	186760
Plan Check	\$1,668.55	SRE	07/18/19	186760
Consistency Review	\$282.00	SRE	07/18/19	186760
EH SEP/RES Rev	\$137.00	SRE	07/18/19	186760
Scanning Fee	\$24.00	SRE	07/18/19	186760
State Building Code	\$6.50	SRE	07/18/19	186760
Tech Fee	\$234.25	JLA	07/18/19	186760
<b>Total:</b>	<b>\$4,919.30</b>			

**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.

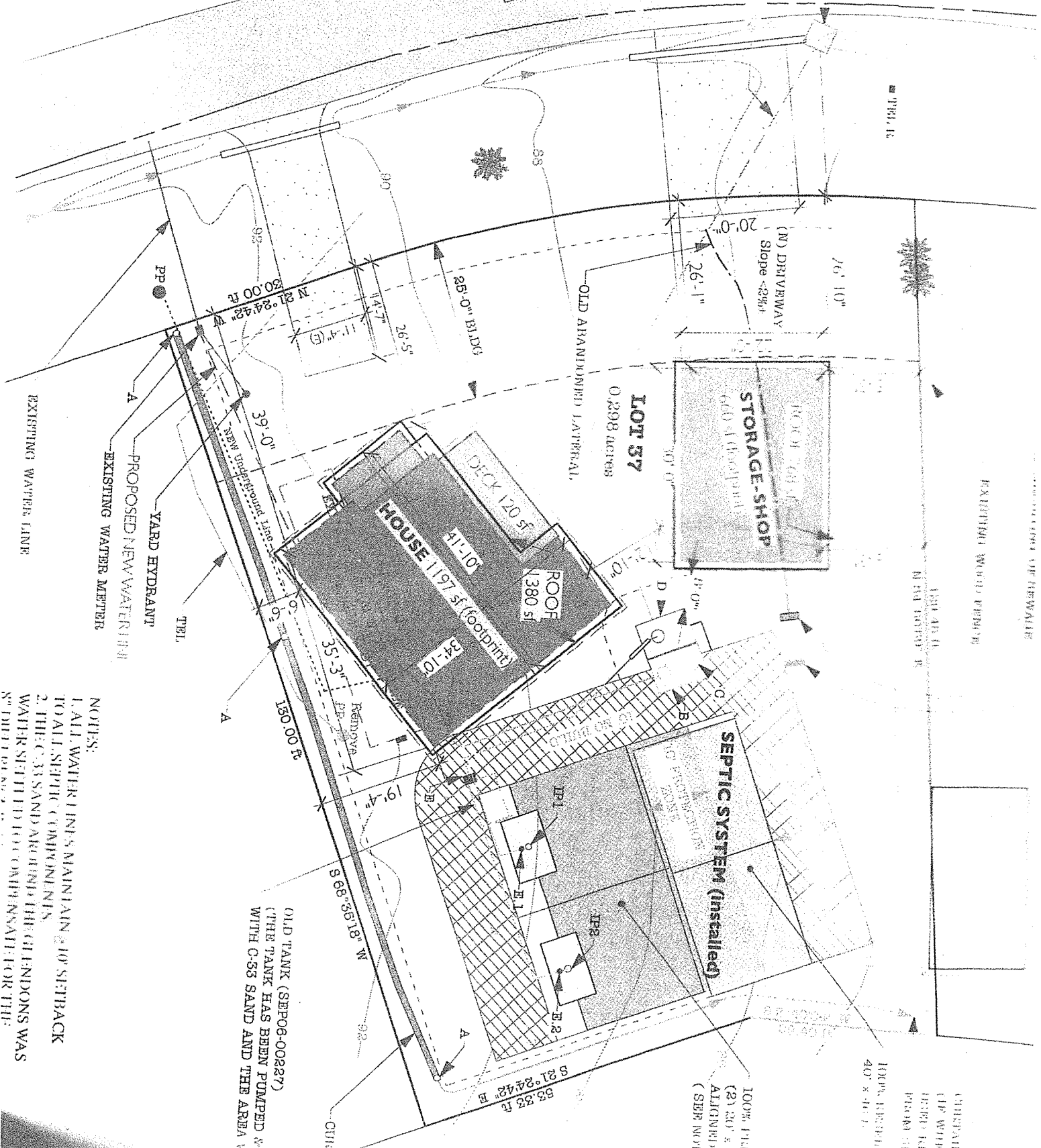
Final Inspections require 24 hour notice.

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

HOT LINE AVAILABLE 24 HOURS A DAY

**SPECIAL CONDITIONS APPLY - SEE ATTACHED**

HEMLOCK DRIVE



**NOTES:**

1. ALL WATER LINES MAINTAIN 10' SETBACK TO ALL SEPTIC COMPONENTS.
2. THE C-33 SAND AROUND THE GLENDONS WAS WATER SETTLING COMPONENTS FOR THE...

OLD TANK (SEP06-00227)  
 (THE TANK HAS BEEN PUMPED & FILL WITH C-33 SAND AND THE AREA WAS...

100% TYPICAL  
 (2) 20" x 10" ALIGNED (SEE NOTE)

100% TYPICAL  
 40' x 40' TYPICAL