

CAPE GEORGE COLONY CLUB

61 CAPE GEORGE DRIVE
PORT TOWNSEND, WA 98368

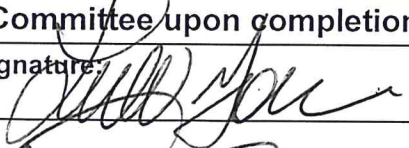
PHONE: (360) 385-1177
FAX: (360) 385-3038


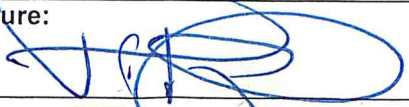
CGCC BUILDING PERMIT APPLICATION

Name: <u>Leslie Gordon</u>		Date: <u>3/3/20</u>
Property Address: <u>190 Colman Drive</u>		Port Townsend, WA 98368
Email Address: <u>cleanwalnuts@gmail.com</u>	Daytime Phone: <u>530 521 5703</u> Evening Phone:	
Request Building Permit for: Select one	Legal Location:	
Home <input type="checkbox"/> Outbuilding <input type="checkbox"/>	Blk No. <u>14</u>	Colony <input checked="" type="checkbox"/>
Manufactured/Mobile Home <input type="checkbox"/> Other <input type="checkbox"/>	Div No.: <u>7</u>	Village <input type="checkbox"/>
Addition <input checked="" type="checkbox"/>	Lot No.: <u>30</u>	Highlands <input type="checkbox"/>

Please answer the following questions		YES	NO
1	Is a Jefferson County Building Permit required for this project?	✓	
2	I agree to abide by the CGCC Building and Property Regulations?	✓	
3	Can the location of your proposed building be determined by survey markers?		
4	Have your plot plans been prepared according to the CGCC Building and Property Regulations?	✓	
5	Do the plans show the location of underground utilities?	✓	
6	Do your plans require a Variance Request?		✓
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 ½) inches?		
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>55</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):	___ ft. ___ in.	
10	Indicate the exact square footage of your living area – minimum 1,000 sq.ft.	<u>64</u> 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: 	Date: <u>3/3/20</u>
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Building Committee: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved (reason):	Date:
Signature: 	<u>9/MAR/2020</u>
Manager Signature: 	Date: <u>Mar 9 2020</u>

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**FILLS, EARTHWORK, PERC TEST HOLES, CULVERTS & DRAINAGE
PERMIT APPLICATION**

Name: <u>Leslie Gordon</u>		Date: <u>3/3/20</u>
Mailing Street Address: <u>190 Colman Drive</u>	City: <u>Port Townsend</u>	State & Zip <u>WA 98368</u>
Telephone No. (day): <u>530 521 5703</u>	Telephone No. (evening): <u>same</u>	
Email address: <u>cleanwalnuts@gmail.com</u>		
Legal Location: <input checked="" type="checkbox"/> Colony <input type="checkbox"/> Village <input type="checkbox"/> Highlands	Lot No. <u>32</u>	Div No. <u>7</u> Blk No.: <u>14</u>
Street Name and No.: <u>190 Colman Drive</u>		

Nature of work requested: (Please attach a rough sketch of project, showing approximate distance to nearest property corner.)

Contractor contact: Les Gordon 530 521 5703 LGDRDC819*NR

Please answer the following questions	Yes	No
Will this project lie within 25 feet of the Club right-of-way?		<input checked="" type="checkbox"/>
Will this project lie within 5 feet of adjacent property line?		<input checked="" type="checkbox"/>
Will this project require cutting into roadway or shoulder?		<input checked="" type="checkbox"/>
Will this project involve tightlines entering or crossing over Club property? (if yes, please answer questions on reverse.)		<input checked="" type="checkbox"/>
Contact Building or Road Committee Chair upon completion of your project		

Owner's Signature: [Signature] Date: 3/3/20

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

We have reviewed this application and recommend		Approval <input checked="" type="checkbox"/>	Disapproval <input type="checkbox"/>
• Reason for disapproval:			
Building Committee (signature): <u>[Signature]</u>	Date: <u>3/9/2020</u>	Or	Road Committee (signature): Date:

We have inspected this project and certify it in compliance with Club Regulations.			
Building Committee (signature):	Date:	Or	Road Committee (signature): Date: