61 CAPE GEORGE DRIVE PORT TOWNSEND, WA 98368

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## **CGCC BUILDING PERMIT APPLICATION**

	CGCC BUILDING FL	INMIT ALL LIVA	11014			
Nar	ne:		Date:			
Mailing Street Address:		City:	State & Zip	State & Zip		
Request Building Permit for: Circle one Legal Location:						
Home   Outbuilding		Blk No.	Colony	( )		
Manufactured/Mobile Home   Other   Addition		Div No.: Lot No.:	Village Highlands	( )		
Street Name and Number (if available):  Home Phone:						
Tierre Triene.						
Please answer the following questions				YES	NO	
1 Do you have a copy of the CGCC Building and Property Regulations?						
2	Are the four (4) corners of your property clearly marked?					
3	Have your plot plans been prepared according to the CGCC Building and Property Regulations?					
4	<u> </u>					
5						
6	Do your plans provide adequate drainage and water control measures that will prevent damage to other property?					
7	Manufactured/Mobile Home Installation:					
	(a) Does the plot plan include a description of the manufactured/mobile home year, make, model and the dimensions, not including the tongue?					
	(b) Does the concrete slab floor on which the manufa minimum thickness of three and one-half (3 ½) in		s to be installed have a			
				l		
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):			ftin.		
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):			ftin.		
10	10 Indicate the exact square footage of your living area.				sq ft	
Please attach a copy of Approved Jefferson County permit and plans.				attached		
Please attach plot plans per CGCC Building and Property Regulations.				attached		
Please attach Fills/Earthwork/Culverts/Drainage Permit application, if applicable				attached		
Please attach driveway Connection Permit application.				attached		
Please attach Water Connection Permit application, if applicable				attached		
Please attach Variance Request application, if applicable				atta	ached	
Owner's or Agent's signature:  Date:						
Daytime Phone Number:						
Building Committee: ☐ Approved ☐ Disapproved (reason): Date:						
Signature:						
Managar Cignatura						
Manager Signature: Date:						