## LAKE LIMERICK COUNTRY CLUB, INC.

## **APPLICATION TO ARCHITECTURAL COMMITTEE - BUILDING PERMIT**

Lake Limerick Country Club E. 790 St. Andrews Drive Shelton, WA 98584 Phone: (360) 426-3581

| Print and re   | turn the   | completed form to   | Lake Limerick Country Clu   | ub or email to: mail@lake   | elimerick.com & arch@lakelimerick.ne   |
|--|--|---|---|---|--|
| Division _   |  | Lot #   | Parcel #  | Conta   | act Phone #  |
| Lot Owne   | r ( <i>plea</i>  | se print)   |   | Email Address   |  |
| Lot Addre  | ss   |   |   |   |  |
| Mailing A  | ddress   | (if different)  |   |   |  |
| Emergen  | cy Con   | tact  |   |   | Phone #  |
| Prime Co   | ntracto  | r   |   |   | Phone #  |
| a<br>b<br>c<br>d<br>e<br>2. Desc                         |  | New Residence (Garage  Shed Shed Shed Shed) Clearing, Grading Addition or change Dock - New, Report project, including  | ☐ Fence ☐ Carport ☐<br>g, Septic System<br>ge to existing structure (<br>lacement or Update: Do   | ial, roofing and roof slop  | <u>*                                      </u>   |
| a<br>b<br>c<br>d<br>e                                    | . Build. A comproje iden A plant of all on (and an and and | opy of all Mason C<br>ects in proximity to<br>tifying criteria (Att<br>ot plan, showing le<br>em, including all c<br>il structures and o<br>Attachment C).<br>manufactured hor<br>s.<br>docks, floats, boar<br>floats, dock size, | ng foundation, floor & ro<br>ounty permit approvals<br>o water or other "critical<br>achment B). Lot owners<br>ocations of all grading,<br>omponents; drainage p<br>ther changes to the lot,<br>nes (only in Division 4 a<br>t lifts – provide details p<br>location, etc | , including for septic systemes, specifically shows are responsible for obtaining and tree-cutting atterns before and after including residences, gained 5), a copy of the title er the LLCC Dock & Flo | ons for all structures (Attachment A). Items and where applicable, regarding wing permit approval numbers and other aining applicable Mason County Permits. I activities; placement of the septic project completion showing the location arages, carports, sheds, fences, and so, accurate pictures, and foundations at Guidelines – i.e. materials of dock |
| and <b>f</b> l<br>I will com<br>jurisdictio<br>Permit is | lagging<br>ply with<br>ns, as i<br>granted   | g trees to be remonther the Lake Limeric they apply to the F  | oved, <b>prior to inspecti</b> on<br>k Country Club rules ar<br>Project, and all further a<br>the Project according to  | on by the Architectural C<br>nd the applicable require<br>ctivities on the lot that a<br>the terms on the Permit  | ements of federal, state and local<br>re subject to the same. If a Project<br>. Permit is valid for twelve (12) months   |
| Name & S   | Signati  | ure of Applicant (  | Owner of Record)  |   | Date   |
|  | _  |   | · · · · · · · · · · · · · · · · · · ·   | Decelored by  |  |
|  |  |   |   |   | has been issued. The Ausbitectural   |
| D01  | iot beg  |   |   | RIDAY of every month a  | has been issued. The Architectural t 3:30 p.m. at the Inn.   |
| Architect  | ural C   | ommittee Action   | (comments required, ur  | nless approved)   |  |
|  |  | ☐ Approved  | I □ Conditio  | nally approved  | □ Disapproved  |
| Signature  | /date:   |   |   | Signature/date:   |  |
| <b>FEE SCH</b> \$250.00 -                                | EDULI<br>- Item 1  | <b>E</b>  |   | nents shown on plot plan  |  |

\_\_\_\_\_ ISSUE DATE \_\_\_\_\_ PAID: Ck# \_\_\_\_\_ Credit Card \_\_\_\_ AMOUNT

**REQUEST FOR INSTALLATION OF WATER METER** (Must be completed by all New Residence applicants)

| Anı   | olic | ant  | 's n       | ame   |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|---|------|------|------------|-------|-------|-------|-----|------|-----|-------|-------|--------|-----------------|------|-----|--------------|------|------|-------|-------|------|------|------|-------|-------|-------|------|-------|----------|-----|
| Anı   | olic | atic | n da       | ate   |       |       |     |      |     |       | D     | ivisio | on #            |      |     |              |      |      | Lot   | #     |      |      |      |       |       |       |      |       |          | _   |
| Applicant's name  Application date Division #  Date water meter is needed (please give 30 days' notice) _ |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          | _   |
| Oig   | · iu | uic  | , 01       | , ipp | iioai |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          | _   |
|   |      |      |            |       |       |       |     |      |     |       |       | PI     | LO <sup>T</sup> | ΓΡΙ  | LAN | <b>l</b> (re | equi | red  | )     |       |      |      |      |       |       |       |      |       |          |     |
| N   | OTI  | E: \ | <b>You</b> | are   |       |       |     |      |     |       |       |        |                 |      |     | Comr         |      |      |       |       |      |      |      |       |       | ons   | the  | com   | mitte    | ee  |
| >   | ld   | ent  | ify c      | orne  | er st | akes  |     |      |     |       |       |        |                 |      |     | iden<br>ank  |      |      |       |       |      |      |      |       | atior | n sho | owin | ıg se | etba     | cks |
|   | No   | ote  | that       | onl   |       | e sir |     |      |     |       |       |        |                 |      |     |              | rted | with | in th | nat p | erio | d of | time | e. Ex | tern  | al ap | opea | aran  | ce c     | of  |
| _   | all  | str  | uctu       | ıres  | mus   | st be | cor | nple | ted | withi | in te | n mo   | onth            | s of | the | start        | of v | vork |       | ı     | ı    | ı    |      | ı     | ı     | ı     | ı    |       | _        |     |
| -   | +    |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       | $\vdash$ |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       | -        |     |
|   | +    |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
| -   | +    |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       | <u> </u> |     |
| H   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
| _   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       | _        |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
| -   | +    |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       | -        |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   | C    | ON   | IME        | NT    | S/E   | XPL   | _AN | ATI  | ON  |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   |      |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   | _    |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |
|   | _    |      |            |       |       |       |     |      |     |       |       |        |                 |      |     |              |      |      |       |       |      |      |      |       |       |       |      |       |          |     |