## GLACIER SPRINGS PROPERTY OWNER'S ASSOCIATION

info@glaciersprings.org

## Architectural, Planning and Zoning Committee PO BOX 126 Maple Falls, WA 98266

## **CONSTRUCTION APPROVAL APPLICATION**

CONTACT INFORMATION	
Your Name:	
Your Address:	
Your Phone: Cel	l Phone:
E-mail: Fax Number:	
LOCATION OF PROJECT	
The Division/Block/Lot and Parcel Number on your property can be obtained from <a href="http://property.whatcomcounty.us">http://property.whatcomcounty.us</a>	
DIVISION #: BLOCK#: LOT#:	12 Digit Tax Parcel #:
Consolidated Lots?  If so, list above info for other lots:	
Project Address:	
REQUIRED INFORMATION	
Anticipated Start Date:	
☐ Site Plan (including clearing plan)	
☐ Set of Building Plans including:	
☐ Foundation Plan	
☐ Floor Plan (with Square Footage Calculations shown)	
☐ Elevations	
☐ Copy of Septic Plan and Septic Permit	
Copy of Fill and Grade Permit, if required (or Application if not yet approved)	
☐ Copy of Building Permit Application (Copy of approved Building Permit must be submitted when obtained)	
☐ Survey with Property Corners Clearly Identified and Flagged	
I have reviewed my copy of the GSPOA Covenants and By-laws and have read and understand those sections that pertain to building issues. My signature indicates my understanding of these requirements.	
YOUR SIGNATURE:	DATE:
FOR ZONING COMMITTEE USE ONLY – DO NOT WRITE BELOW THIS LINE	
Date Received:	All Information Complete: Yes☐ No☐
Walk-through: Scheduled Completed	Water Connection Authorized: Yes No
Final Action Taken/Date:	Actual Construction Start Date:
Comments:	