## GLACIER SPRINGS PROPERTY OWNER'S ASSOCIATION

PO BOX 126 Maple Falls, WA 98266

## Architectural, Planning and Zoning Committee c/o GSPOA, PO Box 126 Maple Falls, WA 98266 info@glaciersprings.org

## **ON-SITE STORAGE APPLICATION**

| CONTACT INFORMATION  |             |           |                                  |
|--|-------------|-----------|----------------------------------|
| Your Name:   |             |           |                                  |
| Your Address:  |             |           |                                  |
| Your Phone: Cell Phone:  |             |           |                                  |
| E-mail:  |             |           | Fax Number:                      |
| GLACIER SPRINGS LOT LOCATION   |             |           |                                  |
| DIVISION:  | BLOCK:      | LOT:      | 12 Digit Tax Parcel #:           |
| Glacier Springs Ad   | dress:      |           |                                  |
| INFORMATION  |             |           |                                  |
| Item(s) to be stored:  |             |           |                                  |
| Is storage to be:   Temporary Permanent  |             |           |                                  |
| If Temporary:  | Start Date: |           | Removal Date:                    |
| If Permanent:  | Start Date: |           |                                  |
| Explanation of Need for Storage:   |             |           |                                  |
|  |             |           |                                  |
|  |             |           |                                  |
| PLANNED STORAGE/PARKING LOCATION   |             |           |                                  |
| Describe or indicate with drawing where on your lot item will be placed (attach additional sheet if needed): |             |           |                                  |
|  |             |           |                                  |
|  |             |           |                                  |
|  |             |           |                                  |
|  |             |           |                                  |
|  |             |           |                                  |
| FOR ZONING COMMITTEE USE ONLY – DO NOT WRITE BELOW THIS LINE   |             |           |                                  |
| Date Received:   |             |           | All Information Complete: Yes No |
| Site Review: Sche  | duled 🗆     | Completed | Approved?: Yes No Date:          |
|  | -uaica      |           | Approved: 163 NO Date.           |
| Comments:  |             |           |                                  |