

ARCHITECTURAL & ZONING COMMITTEE LAND CLEARING APPLICATION



GLENHAVEN LAKES CLUB, INC
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DATE _____

DIVISION _____ BLOCK _____ LOT _____

Member Name _____

Agents Name (if applicable) _____

Member Phone _____

Agent's Phone (if applicable) _____

Mailing Address _____

Site Address _____

A&Z/OFFICE USE ONLY

Proof of survey___ Approved septic permit___ Approved septic design___

Building plans approved by the county___ Proof of ownership___

Glenroads has been contacted NA___ Yes___

Approval letter for my agent is included ___ I understand the A&Z committee may visit my lot _____

Current on all GLC financial obligations Yes___ No___

PERMIT APPROVED _____ DATE _____

PERMIT DENIED _____ DATE _____

A & Z INITIALS _____

OFFICE SIGNATURE _____

ARCHITECTURAL & ZONING COMMITTEE

LAND CLEARING APPLICATION

Approved Health Dept. Septic System Permit and design included Yes___ No___

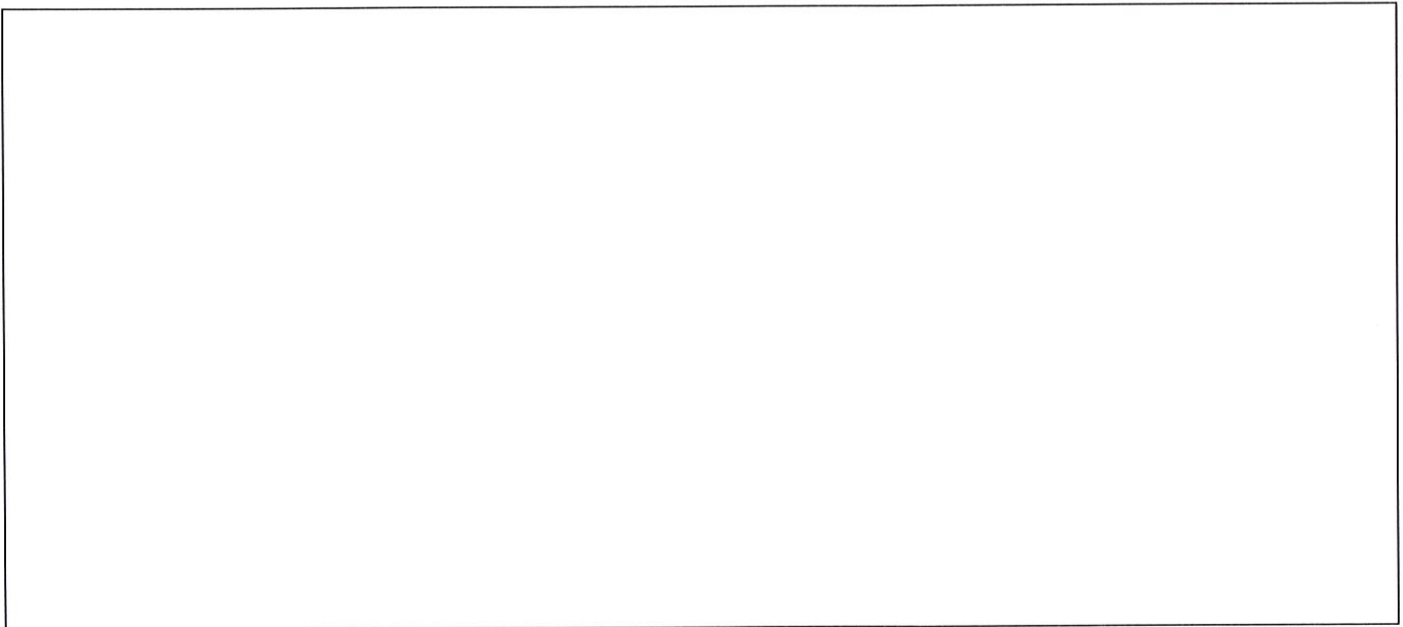
Permit # _____ date approved _____

Number of bedrooms _____ gravity _____ pump _____ above ground _____

Number of trees to be removed (include type of tree)

Create a drawing showing the trees and any existing structures on the property.

***A CLEAR DRAWING IS REQUIRED**



Complete Building Plan set approved by the county Yes___ No___

I have read the A&Z guidelines regarding land clearing Yes___ No___

Is the property located in Divisions 10 or 11? Yes___ No___

Is a portion of the project in Glenroads right-of-way? Yes___ No___

(If Yes, Contact Glenroads. Glenroads may place other conditions on project)

Glenroads has been contacted NA___ Yes___ No___