

ARCHITECTURAL & ZONING COMMITTEE PERMIT EXTENTION REQUEST



GLENHAVEN IAKES CLUB, INC
WWW.GlenhavenLakes.Com

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Tel (360) 595-2061

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DATE _____

DIVISION _____ BLOCK _____ LOT _____

Each property must have a separate request. Do not combine properties on one permit.

Member Name _____

Member Phone _____

Mailing Address _____

Site Address _____

Type of permit you wish to extend _____

Work has begun YES NO Current on all GLC financial obligations Yes No

Please explain in full detail the reason you are requiring/requesting an extension
& Attach picture of current building site (Use extra sheet of paper if needed)

PERMIT APPROVED _____ DATE _____ EXTENTION TIME _____ PERMIT DENIED _____ DATE _____

A & Z INITIALS _____ OFFICE SIGNATURE _____

Reason for denial _____