

BP ~~19~~ 12-19

CITY OF CRAIG, ALASKA BUILDING PERMIT APPLICATION

Applicant Information		Owner Information (if not also applicant)	
Name	Larry & Michelle James	Name	
Mailing Address	P.O. Box 1254	Mailing Address	
Street Address	Hilltop Dr	Street Address	
City, State, Zip	Craig AK 99921	City, State, Zip	
Telephone	907-202-3131 / 406-1403	Telephone	

Property Description

Subdivision Name: _____

Survey Number: _____ Tract Number: _____ Lot Number: _____ Block Number: _____

Army Corps of Engineers Permit Name and/or Number: _____

Building Activity Information (please check one)

<input checked="" type="checkbox"/> Single Family Home	<input type="checkbox"/> Duplex	<input type="checkbox"/> Triplex	<input type="checkbox"/> Fourplex or greater
<input type="checkbox"/> Deck	<input type="checkbox"/> Porch	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Addition
<input type="checkbox"/> Commercial Building	<input type="checkbox"/> Wannigan	<input type="checkbox"/> Garage	<input type="checkbox"/> Shed
<input type="checkbox"/> Mobile Home (Year and Make) _____			
<input type="checkbox"/> Travel Trailer (Year and Make) _____			
<input type="checkbox"/> Other (Please describe): _____			

Height of Building at Roof Eve: _____ Closest setback to property line: 10'

Building Dimensions: 40' x 20' + 12' x 20' Area of building footprint: 800 SF

What use(s) do you propose for the building? _____

Site Plan

Please complete on reverse side or attached sheet a site plan showing all proposed construction.

Owner's/Applicant's Statement

I acknowledge that I have read this application and state that the above information is correct. I agree to comply with all codes and ordinances of the City of Craig applicable to building and construction, and all land use regulations as pertaining to this permit. Any violation of land management regulations are the responsibility of the property owner. This permit becomes void upon completion of the approved work, or one year, whichever comes first. Work not documented in this application is not authorized by this building permit. I understand that this permit is revocable if work is not completed consistent with this applicant or if work does not comply with the requirements of the City of Craig Municipal Code. I agree to provide the City of Craig with an as-built survey of the lot in the event one is completed for this project.

Signature of Applicant: Larry James Date: _____

Signature of Property Owner (if other than applicant): _____ Date: _____

Special Conditions of Approval.

The following conditions of approval are made a part of this permit as provided by section 18.06.001B.6 of the Craig Land Development Code:

#1. No construction of walls or decks above 30" from grade within 10' of any property line.

#2. TWP 19-01 issued 5/21/19 valid until 6/21/2020

Permission is hereby granted to perform the above work in compliance with any and all conditions listed above and in compliance with the Craig Land Development Code and all other ordinances of the City of Craig and the State of Alaska pertaining to the construction of buildings.




Signature of City Building Official: _____ Date: 6/21/19

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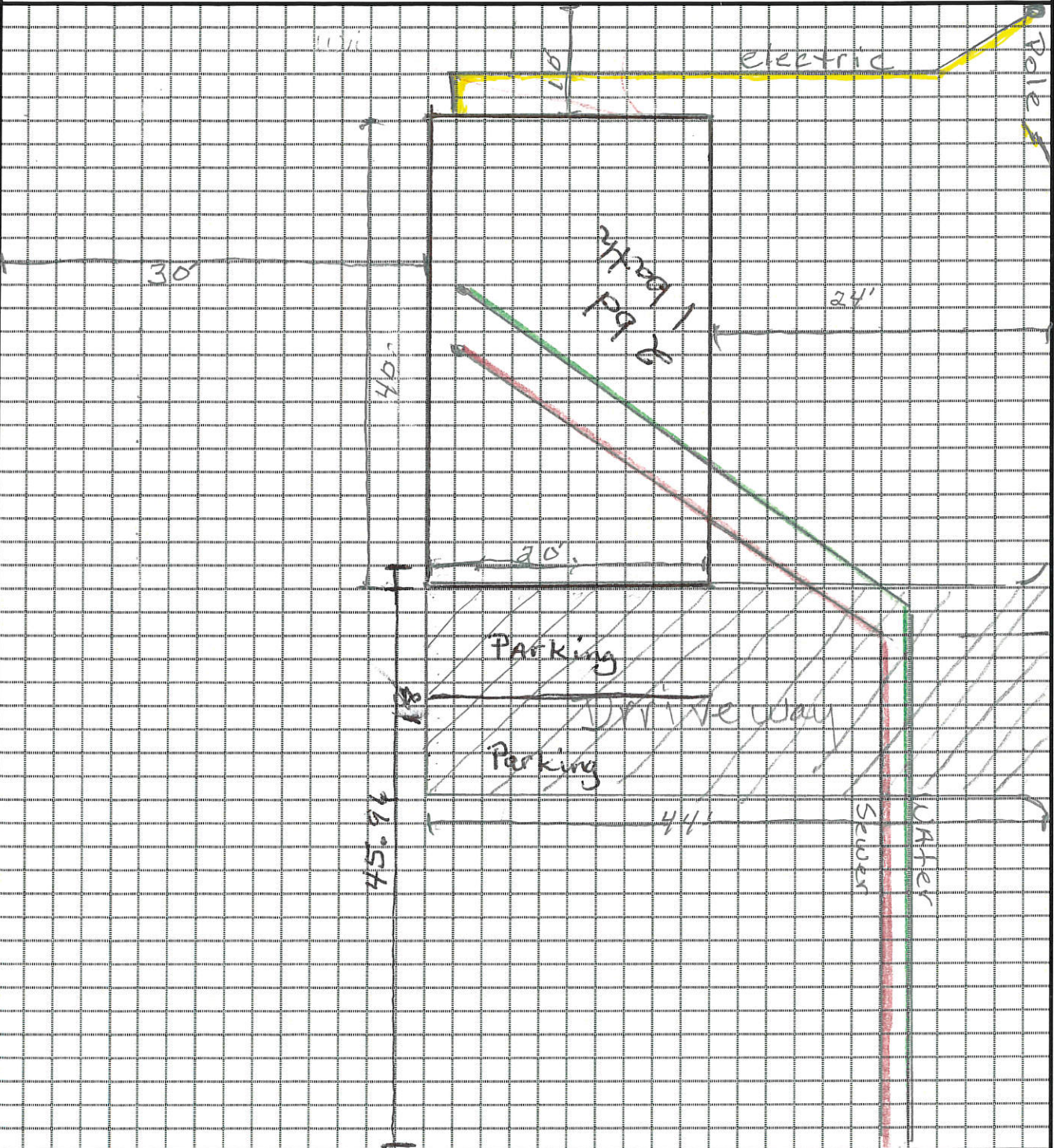
SITE PLAN

Show the items from the checklist below in the drawing grid. The drawing must be legible and accurate.

- ____ Lot lines and dimensions
- ____ Distances from all structures to lot lines
- ____ Proposed structures with dimensions
- ____ All easements, streets, alleys, sidewalks
- N/A Existing structures and their dimensions
- ____ Parking spaces

-  Water lines
-  Sewer lines
-  Electric lines and poles
- ____ Driveways
- ____ North Arrow
- ____ Other pertinent information

Walters Fenceline



Tingyi & Haide

95.96

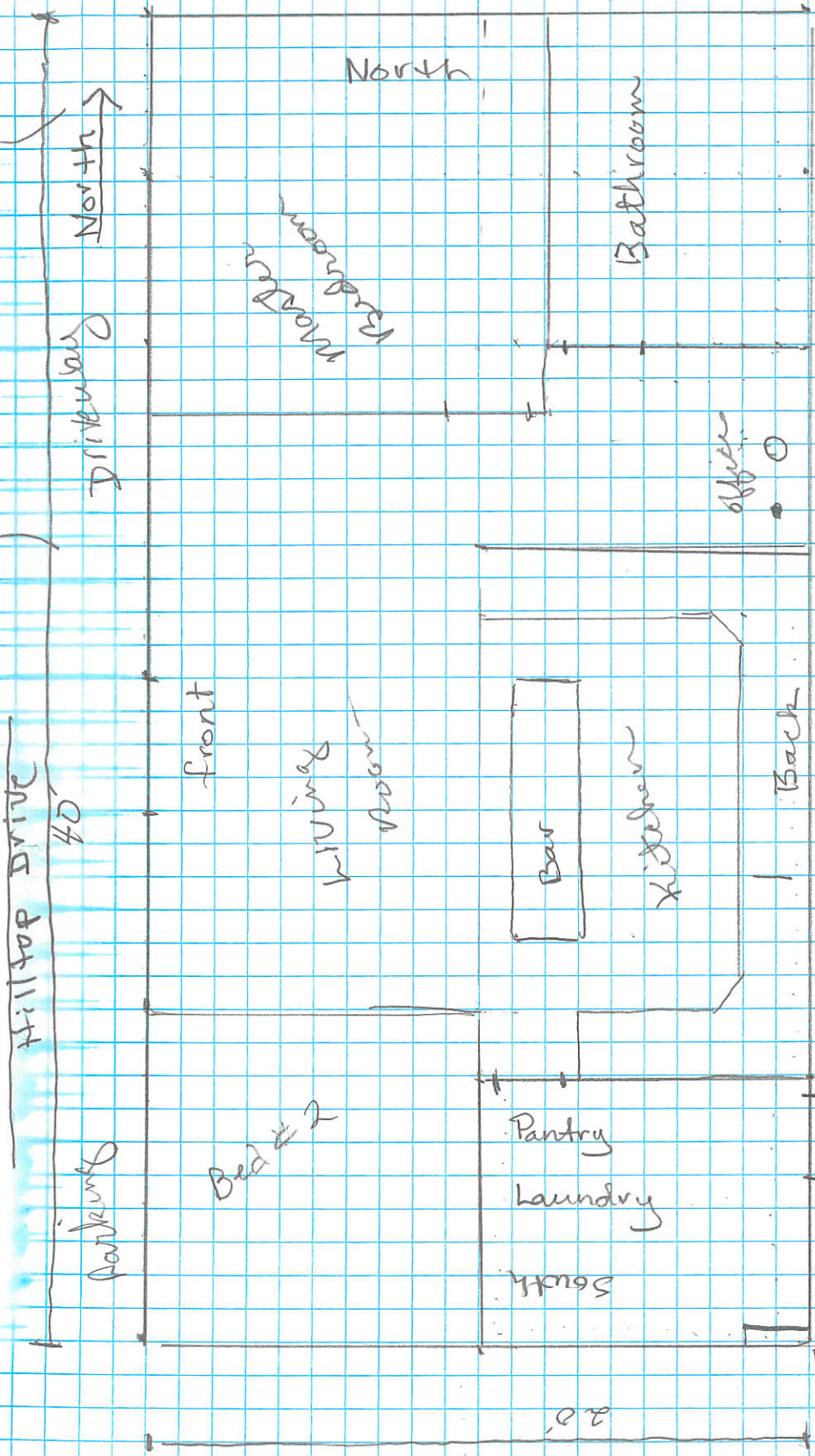
96.56

Hilltop DR (Lot #4)

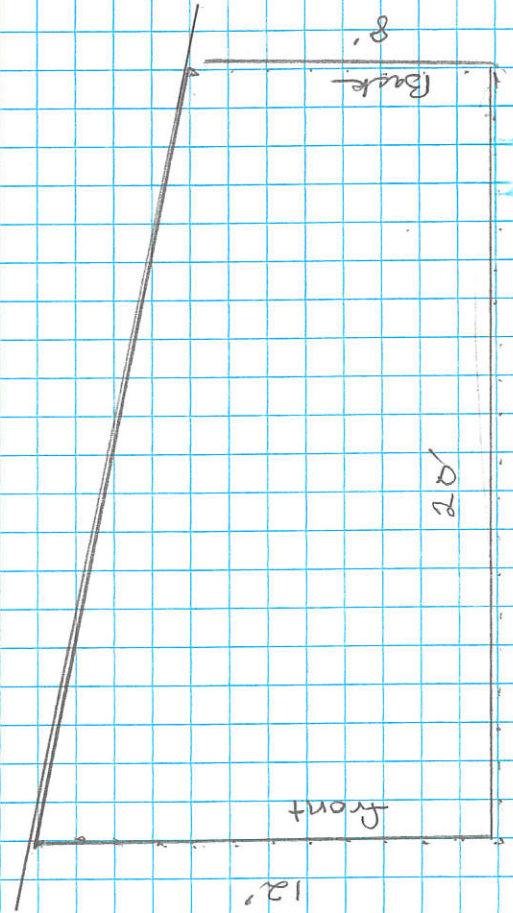
North →

LOT # 5 ↓
06.701

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○ = Water
 O = Sewer



Lot # 4

Water's fence

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CITY OF CRAIG, ALASKA BUILDING PERMIT APPLICATION

Applicant Information		Owner Information (if not also applicant)	
Name	Larry & Michelle James	Name	Rachel James
Mailing Address	P.O. Box 1254	Mailing Address	PO Box 336 Klawock, AK
Street Address	Hilltop Dr	Street Address	Klawock Senior Center #105, 99925
City, State, Zip	Craig AK 99921	City, State, Zip	Klawock, AK 99925
Telephone	907-202-3131 / 401-1603	Telephone	907 401-0583

Property Description

Subdivision Name: James

Survey Number: H3600 Tract Number: Lot Number: 4 Block Number:

Army Corps of Engineers Permit Name and/or Number:

Building Activity Information (please check one)

Single Family Home
 Duplex
 Triplex
 Fourplex or greater
 Deck
 Porch
 Retaining Wall
 Addition
 Commercial Building
 Wannigan
 Garage
 Shed
 Mobile Home (Year and Make):
 Travel Trailer (Year and Make):
 Other (Please describe):

Height of Building at Roof Eve: _____ Closest setback to property line: 10'

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Signature of Applicant: Larry James Date: _____ Signature of Property Owner (if other than applicant): Rachel James Date: _____

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