BB 21-16

CITY OF CRAIG, ALASKA	
BUILDING PERMIT APPLICATION	
Applicant Information	Owner Information (if not also applicant)
Name ROBERT Sheets	Name
Mailing Address Boメ 52リ	Mailing Address
Street Address 510 7th Street	Street Address
City, State, Zip CRAIG AK 99921	City, State, Zip
Telephone 907 401-0524	Telephone
Property Description	
Subdivision Name (RA16 Tonnscle	
Survey Number: (430 Tract Number: Army Corps of Engineers Permit Name and/or Number:	Lot Number: // Block Number: //
Building Activity Information (please check one)	
☐ Single Family Home ☐ Duplex	☐ Triplex ☐ Fourplex or greater
⊠Deck □ Porch □ Commercial Building □ Wannigan	☐ Retaining Wall ☐ Addition ☐ Garage ☐ Shed
Makila Hawa (Wasa and Maka)	· ·
☐ Mobile Home (Year and Make)	
☐ Travel Trailer (Year and Make)	WATER LINE to 5/4" (SUPPLY to house
	· · · · · · · · · · · · · · · · · · ·
Height of Building at Roof Eve: 20	Closest setback to property line:
Building Dimensions:	Area of building footprint:
What use(s) do you propose for the building?	Place Existing Deck
Site Plan らり らり Please complete on reverse side or attached sheet	Me FOOT PRING
	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.	
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