

# CITY OF CRAIG, ALASKA BUILDING PERMIT APPLICATION

Applicant Information		Owner Information (if not also applicant)	
Name	Arrowhead Transfer, Inc.	Name	
Mailing Address	PO Box 707	Mailing Address	
Street Address	1600 Craig-Klawock Hwy	Street Address	
City, State, Zip	Craig AK 99921	City, State, Zip	
Telephone	907-826-3419	Telephone	

**Property Description**

Subdivision Name \_\_\_\_\_

Survey Number: 2612 Tract Number: S Lot Number: \_\_\_\_\_ Block Number: \_\_\_\_\_

Army Corps of Engineers Permit Name and/or Number: \_\_\_\_\_

**Building Activity Information (please check one)**

<input 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 checked="" 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 Eave: \_\_\_\_\_ Closest setback to property line: \_\_\_\_\_

Building Dimensions: \_\_\_\_\_ Area of building footprint: \_\_\_\_\_

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

**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	<i>[Signature]</i>	Date	4/13/15	Signature of Property Owner (if other than applicant)		Date	
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**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 change to footprint of building without submission of site plan

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	<i>[Signature]</i>	Date	4/14/15
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