CITY OF CRAIG, ALASKA	
BUILDING PERMIT APPLICATION	
Applicant Information	Owner Information (if not also applicant)
Name Chis Pibula	Name
Mailing Address Box 27,3	Mailing Address
Street Address 520 W. Hamilton	1Street Address
City, State, Zip (Na) CAK, 99921	City, State, Zip
Telephone	Telephone
Property Description	(2012 00)
Subdivision Name 772201	(2013_09)
Survey Number: Tract Number: Army Corps of Engineers Permit Name and/or Number:	Lot Number: 3B-2 Block Number: B
Building Activity Information (please check one)	
Single Family Home ☐ Duplex ☐ Porch ☐ Commercial Building ☐ Wannigan	☐ Triplex ☐ Fourplex or greater ☐ Retaining Wall ☐ Addition ☐ Garage ☐ Shed
☐ Mobile Home (Year and Make)	
☐ Travel Trailer (Year and Make) ☐ Other (Please describe):	
Height of Building at Roof Eve: <u> おら/</u> 24	Closest setback to property line:
Building Dimensions: 28 x 40	Area of building footprint: 1200'
What use(s) do you propose for the building?	7 to a of building loop int.
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 Date Signature of Property Owner (if other than applicant) Date	
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