

**CONSTRUCTION / ALTERATION APPLICATION
and
STATEMENT OF COMPLIANCE (FEE)**

Construction Site Location: Unit # _____ Lot # _____

Street Address _____

Owner(s):

Name(s): _____

Mailing Address _____

Phone: _____ FAX No. _____

Type of Construction or Alteration (check all that apply)

Residence * Remodel/Addition Garage Carport

Initial Tree Removal/Lot Clearing Number of trees to be removed: _____

Other Reason for Request: _____

* If a residence, please specify the square footage of the living area (i.e. excluding any attached garage, decking or enclosed area)

Ground floor square feet _____ Total square feet _____

Statement by Owner and Contractor:

We have reviewed a copy of the WACC CC&Rs as amended July 1, 1998, Policy 60 as amended March 27, 2008. Specifications for Utility Routing, CDF Request for Tree Removal, WACC Tree Removal Procedures, and WACSD Fire Department Requirements, and hereby agree to abide by the above named regulations for construction in Lake Almanor West.

Owner Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

Approved Denied Date: _____ Comments: _____

Fee of \$ _____ required. Paid (date) _____ Check # _____

By _____ Architectural Committee Member

Return completed form to the WACC Office, 177 Lake Almanor West Drive, phone (530) 259-4646 FAX (530) 259-4665

No work shall commence prior to written approval by the WACC Architectural Committee Member by copy of this form and/or approved plans. No tree removal until WACC approval and plans submitted to Plumas County and fees paid.

Copy of this form to owner: (date) _____ Plan Check: _____

Bldg. Permit: _____