

LAKE LIMERICK COUNTRY CLUB, INC.
DEMOLITION APPLICATION TO ARCHITECTURAL COMMITTEE

Lake Limerick Country Club
790 E. St. Andrews Drive
Shelton, WA 98584
Telephone: (360) 426-3581



Division _____ Lot# _____ Parcel# _____ Phone _____
Lot Owner (please print) _____
Address _____
Mailing Address (if different) _____
Emergency Contact: Name _____ Phone _____

DEMOLITION INFORMATION

Contractor: Name _____ Phone _____
Address _____
Phone _____ Cel Phone _____
Onsite Contact _____
Phone _____ Cel Phone _____
Number of structures being demolished _____ Start Date _____ Completion Date _____
Asbestos present ___yes ___no Survey attached ___yes ___no Has all identified asbestos been removed ___yes ___no

Demolition Category

() Complete Demolition () Training Fire/Fire Agency () Renovation, Alteration, Remodeling,
Maintenance or other Construction () Emergency (describe) _____

Method of disposal _____ Copies of receipts for disposal of waste must be submitted to Architectural Committee within 10 days of completion.

Attach copies of all Mason County permit approvals.

I will comply with the Lake Limerick Country Club rules and the applicable requirements of federal, state and local jurisdictions, as they apply to the project, and all further activities on the lot that are subject to the same. If a Project Permit is granted, I will complete the project according to the terms of the Permit. Permit is valid for twelve (12) months from the date of issuance only.

Owner of Record Name _____

Owner of Record Signature _____ **Date:** _____

Date received in LLCC office _____ Received by _____

Do not begin any work until this application has been approved and a permit has been issued. An architectural application will only be **accepted TWO weeks prior** to the upcoming architectural committee meeting. **The Architectural Committee meets on the SECOND SATURDAY of every month at 9:30 at the Inn**

Architectural Committee Action (comments required, unless approved)

() Approved () Conditionally approved () Disapproved

Signature _____ Date _____

Signature _____ Date _____