

COWLITZ TIMBER TRAILS ASSOCIATION

Gravel / Grading Lot Application Form

Name _____ Phone _____ LotBlock _____ Date _____

REQUESTED IMPROVEMENT:

Add Gravel Grading

PURPOSE FOR GRAVEL/GRADING: _____

GRAVEL VOLUME:		GRAVEL/GRADING AREA SF:	
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ALL ITEMS LISTED BELOW MUST BE COMPLETED AND INCLUDED WHEN SUBMITTED FOR APPROVAL

___ INCLUDE DRAWING OF PROPOSED GRAVEL AREA AND ANY GRADING ON THE PLAT MAP PROVIDED SHOWING DISTANCES AND RELATIONSHIP TO YOUR LOT/SITE AREA.

___ MARK LOCATION OF PROJECT ON LOT, IE: FLAGS, FLAGGING TAPE, MARKER PAINT. INSPECTION WILL NOT BE COMPLETED AND/OR APPLICATION WILL NOT BE APPROVED WITHOUT PROPER MARKERS.

Gravel / Grading Provider **CTTA** _____ **SELF** _____ **CONTRACTOR** _____

NOTE: CONTRACTORS MUST BE LICENSED AND INSURED. SEE THE CAMPGROUND RECREATIONAL AND BUILDING HANDBOOK FOR SPECIFIC CONTRACTOR DOCUMENTATION REQUIREMENTS, WHICH MUST BE ON FILE IN THE CTTA OFFICE PRIOR TO ISSUANCE OF THE BLUE GRAVEL/PERMIT CARD.

CONTRACTOR NAME _____
ADDRESS _____
PHONE _____

As a member of CTTA in good standing, I make application to improve my lot/site. I read the current edition of the CTTA Campground Recreational and Building Handbook, effective date _____ and agree to make the approved improvements in strict conformance with published CTTA policies and guidelines; and with the requirements of Lewis County and the State of WA. At this time, the Shoreline Conditional Use Permit (SCUP) pends finalization. Gravel and grading requirements within the SMP area are enforced as a piece of the SCUP and all projects within this area must be tracked and monitored. CTTA and Lewis County may inspect my project where applicable to ensure conformance with approved plans and requirements based off the SCUP. I further agree that if the project does not conform to the above items, a Cease and Desist order will be posted, and I will assume all financial responsibility for bringing the project back into conformance. I understand I am responsible for any and all damage to CTTA or other lots/sites caused by the contractor.

MEMBERS SIGNATURE _____ DATE _____

*****OFFICE USE ONLY*****	*****COMPLIANCE USE ONLY*****
DATE RECEIVED _____ EMPLOYEE () IS APPLICATION COMPLETE/LIST OF MATERIALS ATTACHED? Y / N	APPROVED <input type="checkbox"/> COMPLIANCE SIGNATURE/DATE: DISAPPROVED <input type="checkbox"/>
CTTA PERMIT ISSUE DATE _____ EMPLOYEE ()	PO Number:
CTTA PERMIT RETURN DATE _____ EMPLOYEE ()	FINAL INSPECTION APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>
NOTES	FINAL SIGNATURE/DATE:

LOT/SITE PLAT MAP

COWLITZ TIMBER TRAILS ASSOCIATION

LOT DIMENSIONS IN FEET

RIGHT: _____ FRONT: _____

LEFT: _____ BACK: _____

LOT/SITE LOCATION

LOT/SITE#: _____

BLOCK #: _____

GRID SIZE: 10 FEET

