

WOODLAND LAKES CAMPING LOT PERMIT FORM

Date of application:	Office – Reviewed by:
Property Owner :	
Lot, Block, Section:	
Street Name:	
Variance Needed:	

Email: _____ **Phone** _____
Preferred method of communication: Email ____ **Phone** ____

CARPORT: Size: ____X____ Commercially Manufactured / Site Constructed

DECK: Size: ____X____

Must meet minimum construction standards.

ALL MATERIALS CLOSE TO THE GROUND MUST BE TREATED.

SHED: Size: ____X____ Square footage of building _____

(See specification sheet) Detailed plans must be submitted and approved by the Board of Trustees before construction. Must meet minimum construction standards. Shed must be completed within six months of permit approval.

OTHER: _____

By signing this document, I _____ acknowledge that:

1. Placement of any structure on my lot must be more than 15 feet from road frontage property lines
2. Sheds cannot exceed 420 Sq Ft. on any Camping Lot.
3. No structure shall be INHABITED and I am limited to 180 overnight stays per 12 month period on my Camping Lots.
4. No new onsite waste-water treatment (septic) systems including “holding tanks” of any size or nature shall be placed or installed on a camping lot, except those contained within a commercially manufactured camper-type vehicle.

 Signature of Property Owner

 Print Name

This permit may be revoked should the terms and conditions of its issuance not be fulfilled. ***By signing, I agree to give Woodland Lakes Representatives permission to enter the property location for purposes of inspections.***

Signature of Owner:	
Initial Approval Signature:	
Final Inspection Signature:	Date:

By approving your permit, the board of Trustees make no representations as to the structural soundness or safety of the structure to be built nor that the structure will be built in a good and workmanlike manner and all liability and risk of construction is assumed by the applicant.

Woodland Lakes Trusteeship, Inc.
Permit Questionnaire

Name: _____ Lot, Block, Section: _____

Address: _____ Phone: _____

Structural questionnaire for decks, sheds, camping cabins, screen rooms, garages and patio covers:

Please place an X in the appropriate boxes

Type and Size of Structure

<input type="checkbox"/> Deck _____ x _____	<input type="checkbox"/> Shed _____ x _____	<input type="checkbox"/> Camping Cabin _____ x _____
<input type="checkbox"/> Screen Room _____ x _____	<input type="checkbox"/> Garage _____ x _____	<input type="checkbox"/> Patio Cover or _____ x _____ Carport

Type of Foundation

<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Skids	<input type="checkbox"/> Piers
<input type="checkbox"/> Deck Blocks	<input type="checkbox"/> Posts	<input type="checkbox"/> Other
<input type="checkbox"/> Footing with Foundation Walls	<input type="checkbox"/> Footing Depth _____ Footing Size _____	<input type="checkbox"/> Mesh Specs _____ Size of Rod _____

Type of Floor

<input type="checkbox"/> Gravel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Plywood
<input type="checkbox"/> Other		

Floor Framing

<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Floor joist with band boards	<input type="checkbox"/> Other
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Type of Wall

<input type="checkbox"/> Posts & Headers	<input type="checkbox"/> 2x4 Studs	<input type="checkbox"/> 2x6 Studs
<input type="checkbox"/> Other		
<input type="checkbox"/> Spacing of Structural Members in Wall _____	<input type="checkbox"/> Size of Beams or Headers _____	<input type="checkbox"/> Window size _____ Door size _____

Exterior Wall Coverings

<input type="checkbox"/> Plywood	<input type="checkbox"/> Siding	<input type="checkbox"/> Screen
<input type="checkbox"/> Glass	<input type="checkbox"/> Other	

Type of Roof

<input type="checkbox"/> Style of Roof _____	<input type="checkbox"/> Pitch of Roof _____	<input type="checkbox"/> Truss Spacing _____
<input type="checkbox"/> Rafter Spacing _____		

Sheathing or Roofing Material Supports

<input type="checkbox"/> Plywood – Size _____	<input type="checkbox"/> 2x4's	<input type="checkbox"/> 2x6's
<input type="checkbox"/> 1 x Material	<input type="checkbox"/> Other	

Roof Coverings

<input type="checkbox"/> Asphalt Shingles	<input type="checkbox"/> Fiberlass Shingles	<input type="checkbox"/> Wood Shingles
<input type="checkbox"/> Manufactured Prefinished Metal	<input type="checkbox"/> Other	

For material recommendations, please refer to attached chart. Please attach a drawing of the proposed improvement.