

Lake Rockport Estates Property Owners Association
 (“LRE” or “Association”)
 100 Rockport Blvd, Coalville, Utah (435) 200-9119
 www.lakerockportestates.com

BUILDING APPLICATION FORM

APPLICATION DATE: _____

LOT NUMBER: _____

TYPE OF APPLICATION: Check appropriate box.

<input type="checkbox"/>	New Primary Dwelling
<input type="checkbox"/>	New Addition
<input type="checkbox"/>	New Accessory Structure: Garage or Other (specify):
<input type="checkbox"/>	Structure Renovation
<input type="checkbox"/>	Site Improvement/Modification
<input type="checkbox"/>	Miscellaneous (specify):

PROJECT DESCRIPTION: Brief

ESTIMATED TIME OF CONSTRUCTION:

Start Date:	Completion Date:
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PROPERTY INFORMATION:

Building Address:	
Parcel Number:	Lot Size in Acres:

EXISTING DWELLING/STRUCTURE:

Describe (if applicable):

PROPERTY OWNER INFORMATION:

Owner's Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	

CONTRACTOR INFORMATION:

Contractor's Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	

- All plans must conform to the provisions of the Covenants, Conditions and Restrictions (“CC&Rs”) and the Architectural Guidelines of Lake Rockport Estates Property Owners Association.
- Appropriate assessments must be paid and required forms signed (see Submission Requirements), before final approval of the Building Application and at which time, a required water letter will be issued.
- Building must be in accordance with Construction Regulations and inspections must take place at the appropriate times (see Inspection Phases).

I, _____, of lot number _____, hereby submit this application and acknowledge that I have read and will comply fully with all of the provisions contained in the CC&Rs, the Assessment Schedule, and all other signed architectural, construction, and inspection forms. I will resubmit this application if any changes are made to the information contained herein. It is my responsibility to provide written notification to the Architectural Committee to make requests for inspections, to sign off on the completion of the project, and to request any refunds.

Signature of Owner

Printed Name

Date

OFFICE USE ONLY

Architectural Member:
 Date of Board Approval:
 County Building Permit Number:
 Health Department Permit Number:

REQUIRED ASSESSMENTS	Amount	Date Received
Architectural	\$	
Building/Road Impact: New or Addition	\$	
Water Access	\$	
Utility/Road Damage	\$	

PLAN EVALUATION INFORMATION

RECORDED SURVEY SUBMITTED: Yes _____ No _____

SETBACKS:	Measurement
Frontage: minimum 55' from center of road	
Rear: minimum 25' from property line	
Sides: minimum 25' from property line	

SEPTIC PLAN SUBMITTED: Yes _____ No _____

BUILDING PLANS SUBMITTED: Yes _____ No _____

HEIGHT:	Measurement
Uphill: 25' maximum	
Downhill: 32' maximum	

FOOTPRINT:	Measurement
Primary Dwelling	
Accessory Structure	
Other	
TOTAL Up to 1 acre 3,000 square feet 1 up to 1.5 acres 3,500 square feet 1.5 up to 2 acres 4,000 square feet Greater than 2 acres 4,500 square feet	

CULVERT REQUIRED: Yes _____ No _____