

**Jackson Lake POA Improvement Permit**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Lot Number (s): \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant needs to provide the following:

\_\_\_\_\_ Copy of Morgan County Building Permit

\_\_\_\_\_ Copy of Northeast Colorado Health Department Vault Permit

\_\_\_\_\_ Copy of Morgan County or NECHD Variance if needed

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Applicant assumes all responsibility for property boundary lines and setback requirements.

Applicant assumes all responsibility for locating all underground utilities and agrees to pay all costs of repair if any damage occurs.

X \_\_\_\_\_

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Approved by JLPOA Board Of Directors:

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