

LAKE OWASSA COMMUNITY ASSOCIATION

DOCK- SWIM FLOAT-BOAT LIFT APPLICATION

To the Board of Governors
Lake Owassa Community Association
P.O. Box 657, Branchville, NJ 07826

Date: _____

Please act on this application at the next regularly scheduled board meeting.

Name _____ LOCA Area # _____

Lake Address in Full _____

Permanent Address (if different than lake) Street _____

City _____ State _____ Zip _____

Phones: Lake _____ Home (if different) _____ Cell _____

Immediate neighbors as you face the lake. Left: Name _____

Right: Name _____

Please include with this application, a signed statement by each immediate neighbor indicating:

A) No objection B) Approve with suggestions C) Desire to be on hand should a hearing be held on this application.

Type of Improvement Planned: New _____ Alteration of Existing _____ Swim Float (raft) _____

Dock _____ Pre-fab _____ Removable _____ Permanent _____ Boat Lift _____

Other (please describe here): _____

Material Used: Wood _____ Aluminum _____ Combo of _____ & _____

Concrete _____ Stone _____ Other (describe) _____

Describe installation, giving sizes, dimensions, and positioning as well as all distances relative to lake and shoreline, and property lines.

Is this installation being made for, and attached to, the lakefront property owned by the proprietary member making this application? YES _____ NO _____. If no, please give details _____

Note: Please furnish a sketch of the planned project. A self hand-drawn sketch is acceptable. A professional drawing is not required. If 10 photocopies of the drawing could be furnished, it would be appreciated and would help the Board understand your application to a greater degree.

Contractor: Self Contracting _____ Pre-fab, _____ Self installed _____ Professional Contractor* _____.

Name or Company _____

Address _____ City _____ State _____ Zip _____

Contact _____

LOCA Dock – Swim Float, Boat Lift Application (continued)

Please make note of the following:

1. Consider your own time frame. Allow sufficient lead time for your project in the event the Board deems it advisable to make an on-sight inspection. Approval would then necessarily be delayed.
 2. Approvals granted by the Board are for one (1) year only. If work has not begun on the project in that space of time, the approval becomes invalid and the applicant must re-apply.
 3. Certain types and scopes of projects may require DEP approval. If so, approval must be obtained by the applicant. The Board will not be bound by such approval.
 4. *The proprietary member applicant is required to get a copy of his contractor's insurance certificate for submission to the Association as well as a copy for himself.
 5. Requirements: A dock may not be greater than **35 ft in length** from the shore. A dock shall be no greater than **240 Square feet**. It shall have no side greater than **20 feet**.
A float may not be greater than **144 square feet**, and not more than **12 feet** in any direction. These measurements do not include the walkway to the dock.
 6. Use of steel drums, previously used drums or un-encased **styrofoam is prohibited**.
 7. Use of an inflated float/trampoline or **trampoline-like surface is prohibited**.
 8. All applications must be approved by the Board of Governors in session. The Board recommends that you do not enter into a contract, or order, until your written approval from the Board. The decision of the Board to approve or deny will be made in writing to the applicant. No one Association Officer or Board member is authorized to grant or issue any lake or waterfront work approvals. These must be Board approved.
 9. Please see your LOCA by-laws for any and all additional information that may apply.
-

Additional comments by the applicant:

I hereby affirm that the signature below is that of the applicant who is a proprietary voting member of LOCA residing at Area#_____.

Signature & Date_____

**DOCK, SWIM FLOAT, BOAT-LIFT
NEIGHBOR STATEMENT**

Area # _____ and Name _____

Please check One:

_____ I have no objection.

_____ Approve with the following suggestions:

_____ Desire to be on hand should a hearing be held on the application.

Signature

Date

-----cut line-----

**DOCK, SWIM FLOAT, BOAT-LIFT
NEIGHBOR STATEMENT**

Area # _____ and Name _____

Please check One:

_____ I have no objection.

_____ Approve with the following suggestions:

_____ Desire to be on hand should a hearing be held on the application.

Signature

Date