

# LAKE OWASSA COMMUNITY ASSOCIATION

## DOCK-FLOAT-BOAT LIFT APPLICATION

To the Board of Governors  
Lake Owassa Community Association  
P.O. Box 657, Branchville, NJ 17826

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

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

Application \_\_\_\_\_ LOCA Area # \_\_\_\_\_

Lake Address in Full \_\_\_\_\_

Permanent Address (if different than lake) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phones:** Lake \_\_\_\_\_ Home (if different) \_\_\_\_\_ Work \_\_\_\_\_

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 \_\_\_\_\_ Float (raft) \_\_\_\_\_  
Dock \_\_\_\_\_ Pre-fab \_\_\_\_\_ Removable \_\_\_\_\_ Permanent \_\_\_\_\_  
Boat Lift- \_\_\_\_\_  
Other (please describe here): \_\_\_\_\_

**Material Used:** Wood \_\_\_\_\_ Aluminum \_\_\_\_\_ Combo of \_\_\_\_\_ & \_\_\_\_\_  
Other(describe) \_\_\_\_\_

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

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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 \_\_\_\_\_

(Revised April, 2009)

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 float may not be greater than 144 square feet, and not more than 12 feet in any direction.
6. Use of drums or un-encased styrofoam is prohibited.
7. ***See" Guidelines for Docks, Floats, & Cantilever Docks" on the Website under the tab "Need to Know Facts"***
- .8 Use of an inflated float/trampoline or trampoline-like surface is prohibited.
9. 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 you get written approval from the Board. The decision of the Board to approve or deny will be made in writing to the applicant.
10. 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, FLOAT  
NEIGHBOR STATEMENT**

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

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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