

Lake Owassa Community Association



NEW MEMBER APPLICATION

DATE _____ Date Rec'd _____

Comments: _____

1. LAKE PROPERTY

- a. Township Block# _____ Lot# _____ LOCA Area # _____
- b. Name (s) of TITLED OWNERS: _____ Revwd. by Board _____
_____ Ltr. Mailed _____
- c. If multiple owners, only one of the owners may be designated as having the right to vote on Association matters.
Please state the name of the VOTING MEMBER _____
- d. Property MAILING ADDRESS: _____
(number) (street)

2. Owner's HOME ADDRESS (if other than lake property):

(number) (street) (Municipality) (state) (zip code)

3. To which address should MAIL BE SENT? Home _____ Lake _____

4. TELEPHONE # Home _____
Lake _____ Cell _____

5. EMAIL ADDRESS _____

6. Please give the following information about your lake property:

- a. Is Property lakefront? ... if not, where is your ACCESS TO THE LAKE?
- b. How many DWELLINGS are there on the property? _____
- c. Source of WATER SUPPLY? Well _____ Lake _____ Other _____
- d. IF LAKE, for what purpose? Drinking _____ Bathing _____ Toilet _____ Garden _____
- e. What is your means of WASTE-WATER DISPOSAL: Conventional Septic _____ High performance septic _____ Cesspool _____ or Other _____
DATE OF LAST SEPTIC PUMPING: or inspection _____.
- f. DISTANCE in feet from septic leaching bed or cesspool to:
Lake _____ Well _____ Stream or drain flowing into the lake _____

7) A properly functioning septic system is required. Please provide a certified onsite subsurface sewage disposal, "septic", system inspection report, including the inspector's certification number. A copy of New Jersey's onsite system inspection form is attached for your convenience. All application approvals are subject to a thorough review of the septic system inspection report.

8) Please submit a survey of your property, showing the location of the house(s), outbuildings, well, and septic system including tank and leach fields. If your property does not have a functioning

septic system, we would still request that the survey provide the location of any substandard sewage disposal system, for example: cesspool, privy, outhouse, latrine, or pit toilet.

9. Please give the following information on MEMBERS OF THE HOUSEHOLD (optional)

Name	Age	Gender	Occupation (present or former)

HOBBIES or SPECIAL INTERESTS of the family members:

10. The following are COMMITTEES of the Association. Please check if you or any member of your household would be interested in serving on one of these committees:

Septic _____	Property _____
Water _____	
Recreation _____	
Environment _____	Docks, Floats & Shoreline _____
Fishing _____	Voting & Proxies _____
Archives _____	

IN MAKING THIS APPLICATION I/WE DO HEREBY AGREE TO COMPLY WITH THE BY-LAWS and RULES & REGULATIONS OF THE LAKE OWASSA COMMUNITY ASSOCIATION AND THAT I /WE WILL BE BOUND BY AND CONFORM TO THE SAID BY-LAWS and RULES & REGULATIONS IN THE USE OF OUR PROPERTY AND THE WATERS OF LAKE OWASSA.

(OWNER)

(OWNER)

This completed application **MUST** be submitted to the Lake Owassa Community Association (LOCA), office of the Secretary, accompanied by an initiation fee of **\$1,300.00** plus tax at %.06625 (**\$1,386.13**) and a **COPY of the RECORDED DEED** of your property showing the Sussex County Hall of Records recording information. This application will be reviewed at the next scheduled meeting of the Board of Governors. You will be notified of the Board’s action immediately following the meeting.

PLEASE RETURN TO:
Lake Owassa Community Association
P.O. Box 657
Branchville, N.J. 07826

DD, March 22, 2021