

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

