



PLEASE READ AND SIGN THIS ACKNOWLEDGEMENT:

Insurance must be faxed from Insurance Company and Towamensing Trails must be Certificate Holders, fax number is 570-722-2061.

Port a Potty must be on site the day excavating is complete and placed 15 feet from the road.

Dumpster needed as soon as roof is framed, before shingles and siding begins.

All Contractors must register at Office and receive vehicle passes.

All contractors must follow all Rules and Regulations.

No debris will be permitted on property at anytime.

NO APPLICATION AND/OR FEES ARE CONSIDERED COMPLETE UNTIL REVIEWED BY ARCHITECTURAL CONTROL COMMITTEE.

By signing this acknowledgement I agree to the above Rules and fully understand that failure to comply will result in fines and Stop Work Orders.

Property Owner _____ Date _____

Contractor _____ Date _____

A.C.C. BUILDING APPLICATION

TOWAMENSING TRAILS P.O.A PO BOX 100, ALBRIGHTSVILLE, PA 18210-0100
Office Hours: Monday - Fridays 9am – 5pm; Saturday 9am – 3pm
Office Phone 570-722-2060 Office Fax 570-722-2061 WWW.TOWAMENSING.COM

1. **OWNER:** Please print or type all information.

A. Name _____ B. Date: _____
C. Home Mailing Address: _____
D. Home Tele: _____ E. Alternate Tele: _____
F. Lot Number: _____ G. Section: _____ H. Street _____
I. New 911 House number _____ **UPON FINAL COMPLETION 911#**

MUST BE POSTED IN COMPLIANCE WITH THE PENN FOREST TOWNSHIP ORDINANCE.

TO THE PROPERTY OWNER:

Property Owner acknowledges receipt of Rules & Regulations and also, agrees to abide by all rules or will be subject to a penalty.

Please acknowledge if you have received the following:

Protective Covenants: Yes ___ No ___ ACC Rules and Regulations: Yes ___ No ___

To Allow an ACC Member and authorized TTPOA employees to inspect the Work on your property: Yes ___ No ___

Property Owner's Signature _____

2. **BUILDER INFORMATION:** Please print or type all information.

A. Company Name: _____
B. Address: _____
C. Business Phone Number _____
D. **HIC #** _____

(Home Improvement Contractor # issued by Attorney General)

E. **Representative Signature:** _____

ALL BUILDERS/CONTRACTORS MUST OBTAIN A CONTRACTORS PASS AT THE TEEPEE.

PROPERTY OWNERS ARE RESPONSIBLE FOR ANY AND ALL FINES, VIOLATIONS, ETC. WHICH MAY BE INCURRED BY THEIR CONTRACTORS, SUB-CONTRACTORS, ETC

PERMIT REQUIRED TO BE POSTED IN PLAIN VIEW FROM TIME CONSTRUCTION STARTS UNTIL THE A.C.C. COMMITTEE HAS PLACED THEIR FINAL APPROVAL STICKER ON THE PERMIT.

NO CONSTRUCTION IS ALLOWED TO START PRIOR TO 8 AM. AND TO CEASE BY DUSK.

NO CLEAR CUTTING OF ANY LOTS IS PERMITTED WITHOUT A VARIANCE FROM THE ARCHITECTURAL CONTROL COMMITTEE.

3. **CONSTRUCTION PARTICULARS:** All categories must be completed.

PLEASE PRINT ALL INFORMATION

a. Permits

Sewage Permit #: _____ Disposal Type: _____
Building Permit # _____ Zoning Permit # _____

b. Type of Construction:

New Building _____ Addition _____ Garage _____ Siding _____ Painting/Stain _____
Shed _____ Deck _____ Dock _____ Roof _____ Pool _____
Other (please specify) _____

If New Construction:

What Code is used for construction standards? _____

Type of Frame: Masonry Modular Stick Built Structural Steel

How is the structure attached to the foundation? (please provide diagrams or descriptions) _____

c. Exterior:

Wood _____ Brick _____ Stone _____ Vinyl _____
Aluminum _____ Other (specify) _____

Specific Color (attach swatch) _____

d. Roofing Type & Color: (attach swatch) _____

e. Dimensions of Building: _____

f. Height of Roof Peak: _____

CONTRACTORS SHOULD NOTIFY TTPOA OF ALL INSPECTIONS AFTER THEY HAVE RECEIVED TOWNSHIP APPROVALS

This certifies that the Architectural Control Committee (A.C.C.) of Towamensing Trails Property Owners Association has reviewed these plans on the associated date.

APPROVED _____ DATE _____

APPROVED _____ DATE _____

ACC Coordinator:

Date received _____ check/cash _____ initials _____

RULES AND REGULATIONS FOR ABOVE GROUND POOLS & SPAS

TOWAMENSING TRAILS P.O.A PO BOX 100, ALBRIGHTSVILLE, PA 18210-0100
Office Hours: Monday - Fridays 9am – 5pm; Saturday 9am – 3pm
Office Phone 570-722-2060
Office Fax 570-722-2061
WWW.TOWAMENSING.COM

The following Rules & Regulations apply to the construction of **an above ground pools and spas** as set forth by the Architectural Control Committee.

POOL RULES:

1. Property Owners must be a full time resident.
2. Property Owners must dismantle and remove the pool from the premises upon sale and/or rental of the home; or the new property owner must apply for a continuance of the permit.
3. Pools must have fencing of at least 6 feet in height with a locked gate to be no more than 10 feet high.
4. Property owners must apply for a permit with the Penn Forest Township as well as a Towamensing Trails A.C.C Permit. Property Owners must include a plot plan which is to scale and must reflect the size of the pool, distances from all property lines, height of fence, distance from the septic mound, and location of the locked gate.
5. Property Owners must have this form notarized and returned with the completed permit.
6. Setbacks as follows:
 - a. Pool must be in rear of the house
 - b. Pool must be at least 20 feet from the side property line.
 - c. Pool must be at least 25 feet from the rear property line.

SPA RULES:

1. Spas must have a securable, lockable cover.
2. Property owners must apply for a permit with the Penn Forest Township as well as a Towamensing Trails A.C.C Permit. Property Owners must include a plot plan which is to scale and must reflect the size of the spa and the location of the spa.

I (We) _____, _____
(PRINTED OWNER'S NAME) (PRINTER CO-OWNERS NAME, IF APPLICABLE)

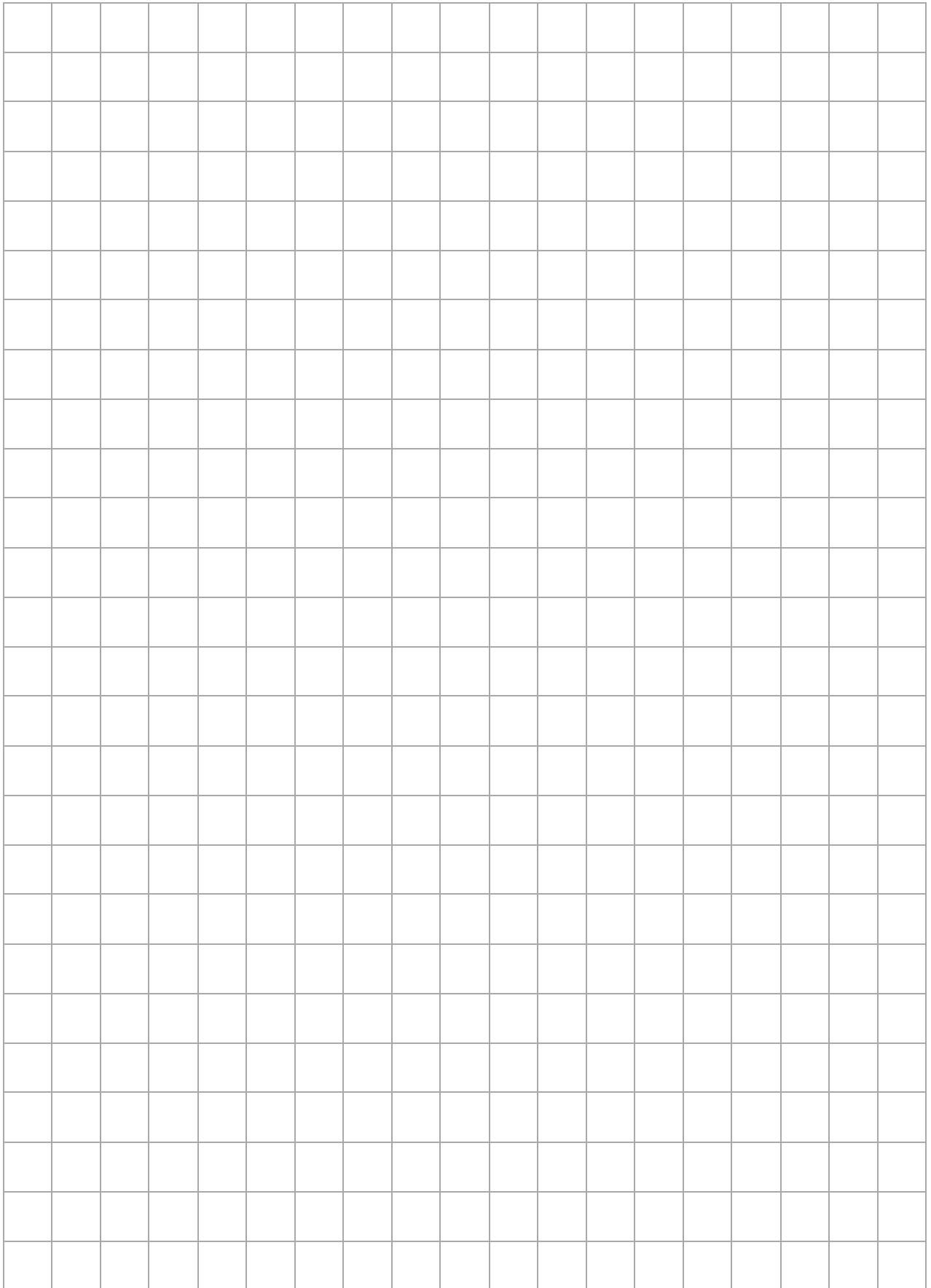
of _____, agree to abide by the Rules
(ORIGINAL LOT NUMBER & STREET)

and Regulations as set forth above.

NOTARIZATION:

(PROPERTY OWNER SIGNATURE)

(CO- OWNER SIGNATURE)



CHECKLISTS

New Construction Requirements

- _____ Completed ACC Building Permit and Application (both sides)
signed on page 1 by property owner and on line 2.D. by builder
- _____ Penn Forest Township Building Permit
- _____ Penn Forest Zoning Permit (all pages) stamped and signed
- _____ Copy of the Perc Test Results
- _____ Sewage Permit
- _____ Sewage System Design
- _____ Plans & Elevations from the Finished Grade (to scale)
- _____ Plot Plan (to scale)
- _____ Swatches of Roof/Siding/Paint
- _____ Certificate of Insurance faxed by insurance company (for the contractors)
- _____ Contractor's Form completed
- _____ ACC fee

Addition/Garage/Shed/Deck/fencing Requirements

- _____ Completed ACC Building Permit and Application (both sides)
signed on page 1 by property owner and on line 2.D. by builder
- _____ Penn Forest Township Building Permit
- _____ Penn Forest Zoning Permit (all pages) stamped and signed
- _____ Plans & Elevations from the Finished Grade (to scale)
- _____ Plot Plan (to scale)
- _____ Swatches of Roof/Siding/Paint
- _____ Certificate of Insurance faxed by insurance company (for the contractors)
- _____ Contractor's Form completed
- _____ ACC fee

Siding/Roofing/Painting/Staining Requirements

- _____ Completed ACC Building Permit and Application (both sides)
signed on page 1 by property owner and on line 2.D. by builder
- _____ Swatches of Roof/Siding/Paint
- _____ Certificate of Insurance faxed by insurance company (for the contractors)
- _____ Contractor's Form completed
- _____ ACC fee (if applicable)

Pool Requirements

- _____ Completed ACC Building Permit and Application (both sides)
signed on page 1 by property owner and on line 2.D. by builder
- _____ Penn Forest Township Building Permit
- _____ Penn Forest Zoning Permit (all pages) stamped and signed
- _____ Plot Plan (to scale)
- _____ Copy of Pool and Fencing Brochures showing finished products
- _____ Certificate of Insurance faxed by insurance company (for the contractors)
- _____ Contractor's Form completed
- _____ ACC fee

A.C.C. TREE REMOVAL APPLICATION

TOWAMENSING TRAILS P.O.A PO BOX 100, ALBRIGHTSVILLE, PA 18210-0100

Office Hours: Monday - Fridays 9am – 5pm; Saturday 9am – 3pm

Office Phone 570-722-2060

Office Fax 570-722-2061

WWW.TOWAMENSING.COM

TOWAMENSING TRAILS POA ENCOURAGES REPLACEMENT OF TREES ON A ONE TO ONE BASIS TO PRESERVE THE NATURAL SETTING OF THE COMMUNITY.

PROPERTY OWNER: Please print or type all information.

A. Name _____ B. Date: _____

C. Home Address: _____

D. City/State/Zip: _____

E. Home Number _____ F. Alt Number _____

G. Lot/911 #: _____ H. Street: _____

I. Contractor name: _____

J. Contractor Number _____ HIC # _____

Proof of insurance is required and TTPOA must be certificate holder

Will you allow an ACC Member or employee of TTPOA on your property? YES _____ NO _____

OF TREES TO BE REMOVED _____

REASON FOR THE REMOVAL:

SPECIFICATIONS:

Trees more than 4" in diameter need ACC approval.

Trees must be cut to ground level and/or the stumps removed.

All debris must be removed from the property within 10 days upon completion.

No clear cutting of any lot is permitted in the Trails without a variance from the Architectural Control Committee.

Approved _____ Date _____
Approved _____ Date _____



I am doing the said work myself without any Contractor or Builder. I fully understand that I am taking on full responsibility to said work and aware in the event I hire a Contractor or Builder and do not contact Towamensing Trails Office to make the change that I am liable for said Contractor or Builder for any damages or fines instituted against them.

Property Owner Name (print) _____

Property Owner Signature _____

Lot # _____

Date: _____