



**PROPERTY OWNERS & CONTRACTORS  
PLEASE READ & SIGN THIS ACKNOWLEDGEMENT**

1. Property Owner (s) acknowledges receipt of the Rules & Regulations of the Architectural Control Committee of Towamensing Trails Property Owners Association. (referred to herein as the “Rules”)
2. Property Owner (s) acknowledges that they are aware of the location of their property markers, and that any plot plan(s) submitted include the property markers.
3. Property Owners are responsible for any and all fines, violations, etc. which may be incurred by their contractors, sub-contractors, etc.
4. All Property Owners & Contractors must follow ACC Rules
5. All Contractors and others working on the property must register at the TTPOA office & receive a Contractors pass for each vehicle
6. Certificates of Insurance evidencing Towamensing Trails as the Certificate Holder must be faxed directly from the Insurance Company to fax number 570-722-2061.
7. No debris will be permitted on the property at any time
8. Contractor signs no larger than 2’x3’ may be placed on or at the house or deck during construction, and must be removed within 30 days after construction is complete.
9. (New Construction) Port-a-potty must be onsite the day excavation starts & must be placed 15ft. from the road
10. (New Construction) A dumpster is required as soon as the roof is framed, before shingles and siding begin
11. It is the responsibility of the Property Owner to ensure that all permits are posted so they are visible from the road until the completion of the project.

**By signing this Acknowledgement, the undersigned agrees to abide by the ACC Rules and fully understands that failure to comply will result in a Stop Work Order & may be subject to further penalties including fines, legal action, and/or be required to move (or remove) structures which are not in compliance with the approved specifications.**

**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 570-722-0302

Office Fax 570-722-2061

[WWW.TOWAMENSING.COM](http://WWW.TOWAMENSING.COM)

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

A. Name \_\_\_\_\_ Date: \_\_\_\_\_

B. Home Tele: \_\_\_\_\_ Alternate Tele: \_\_\_\_\_

C. Lot Number: \_\_\_\_\_ 911# \_\_\_\_\_ Street \_\_\_\_\_

**911# NEEDS TO BE POSTED AT THE START OF THE JOB TO STAY IN COMPLIANCE WITH THE PENN FOREST TOWNSHIP ORDINANCE**

**TO THE PROPERTY OWNER -- PLEASE READ BEFORE SIGNING**

- ❖ By signing this Application, the Property Owner acknowledges the Application to be true to whatever is outlined, and that structures which don't comply with the approved specifications in the Application may be subject to penalties including fines, legal action and/or may be required to be moved (or removed). Property Owner(s) acknowledges that they are aware of the location of their property markers, and that any plot plan(s) submitted include the property markers.
- ❖ In any case of encroachment, the encroaching Property Owner is required to obtain a survey and the Permit will be considered null & void. In addition the Property Owner could face additional fines & potentially face legal action.
- ❖ Prior to approval of a Permit the TTPOA Compliance Officer will review the project to ensure conformance to what's stated in the Permit. Additionally the Compliance Officer will review the completed structure for compliance with the Permit upon completion of the project.

**Property Owner's Signature** \_\_\_\_\_

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

A. Company Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Business Phone Number \_\_\_\_\_

D. Contractor State Registration # \_\_\_\_\_

E. **Representative Signature:** \_\_\_\_\_

**PERMIT REQUIRED TO BE POSTED SO IT IS VISIBLE FROM THE ROAD  
NO CONSTRUCTION IS ALLOWED TO START PRIOR TO 8 AM**

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

A. Type of Construction:  
New Building \_\_\_\_\_ Addition \_\_\_\_\_ Garage \_\_\_\_\_ Siding \_\_\_\_\_ Painting/Stain \_\_\_\_\_  
Shed \_\_\_\_\_ Deck \_\_\_\_\_ Dock \_\_\_\_\_ Roof \_\_\_\_\_ Pool/Hot tub \_\_\_\_\_ Fence \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

B. Township Permits: (Where applicable)

Sewage Permit# \_\_\_\_\_ Disposal Type: \_\_\_\_\_

Building Permit# \_\_\_\_\_ Zoning Permit# \_\_\_\_\_

Type of Frame: (New Construction) Masonry Modular Stick Built Structural Steel

How is the structure attached to the foundation: \_\_\_\_\_

C. Exterior: (New Construction)

Wood \_\_\_\_\_ Brick \_\_\_\_\_ Stone \_\_\_\_\_ Vinyl \_\_\_\_\_

Aluminum \_\_\_\_\_ Other (specify) \_\_\_\_\_

D. Specific Colors (siding, doors, shutters etc.) \_\_\_\_\_

E. Roofing Type & Color: \_\_\_\_\_

F. Dimensions of Structure: \_\_\_\_\_

G. Height of Roof Peak: \_\_\_\_\_

H. How Many other Sheds are Currently Located on the Property: \_\_\_\_\_

**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 \_\_\_\_\_

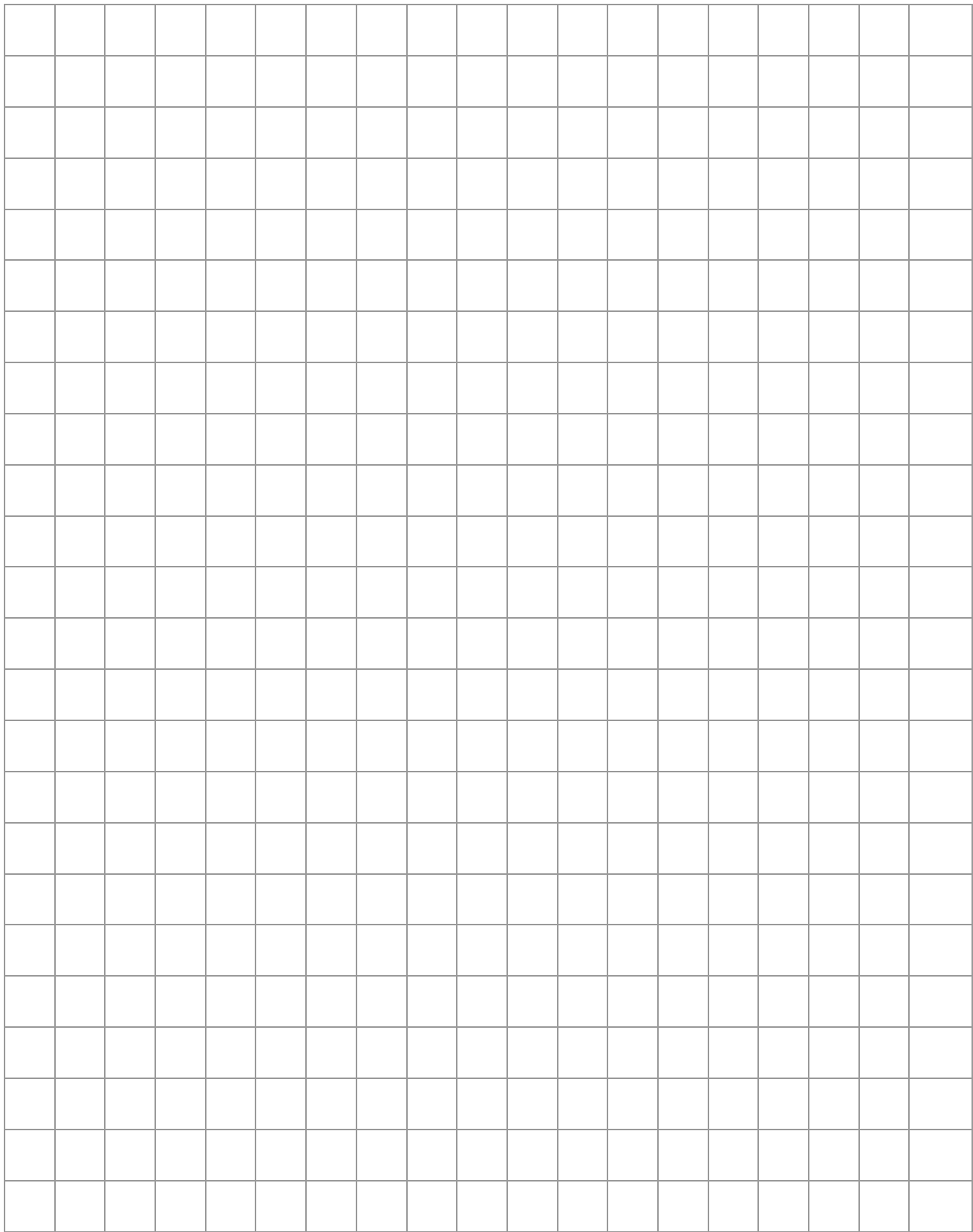
APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

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ACC Coordinator:

Date received \_\_\_\_\_ check/cash \_\_\_\_\_ initials \_\_\_\_\_

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**ACC REQUIREMENTS CHECK LIST**

**MUST HAVE PERMIT FROM TTPOA BEFORE STARTING ANY CONSTRUCTION!**

**ALL PERMITS MUST BE POSTED !!**

**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 Township Zoning Permit
- Copy of the Perc test Results
- Sewage Permit
- Sewage System Design
- Plans & Elevations from the Finished Grade (to scale)
- Plot Plan (to scale)
- Specific colors and/or type of of Roof / Siding / Paint / Doors / Shutters, etc.
- Certificate of Insurance faxed by insurance company (for the contractors)
- Contractor's Form completed
- Number of Trees to be marked and removed**
- 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 (**When Needed**)
- Penn Forest Township Zoning Permit
- Plans & Elevations from the Finished Grade (to scale)
- Plot Plan (to scale)
- Specific colors and/or type of 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**
- Specific colors and/or type of of Roof / Siding / Paint
- Certificate of Insurance faxed by insurance company (for the contractors)
- Contractor's Form completed
- ACC Fee

**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 Township Zoning Permit
- 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

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**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: \_\_\_\_\_

B. Home phone: \_\_\_\_\_ F. Cell phone: \_\_\_\_\_

C. Lot # \_\_\_\_\_ 911# \_\_\_\_\_ H. Street: \_\_\_\_\_

D. Contractor name: \_\_\_\_\_

E. Contractor phone: \_\_\_\_\_ HIC # \_\_\_\_\_

**\*Proof of insurance is required and TTPOA must be certificate holder\***

**Compliance officer will check the trees that are marked for removal**

**NUMBER OF TREES TO BE REMOVED \_\_\_\_\_**

**Trees must be marked with ribbon no spray paint**

**REASON FOR THE REMOVAL:**

\_\_\_\_\_  
\_\_\_\_\_

**SPECIFICATIONS:**

Trees more than 6” in diameter need ACC approval. (Dead or Live trees)

This measurement should be taken 4ft. from the ground

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 \_\_\_\_\_