



PLEASE READ AND SIGN THIS ACKNOWLEDGEMENT:

All Contractors: 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. (**New Construction**)

Dumpster needed as soon as roof is framed, before shingles and siding begins. (**New Construction**)

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.

All Permits must be visibly posted.

Contractor Signs must be placed on or at the house or deck; they must be removed within 30 days after the construction is complete.

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 570-722-0302 Office Fax 570-722-2061 WWW.TOWAMENSING.COM

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

A. Name _____ Date: _____
B. Home Mailing Address: _____
C. Home Tele: _____ Alternate Tele: _____
D. 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:

❖ **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:
Current copy of the ACC Rules and Regulations: Yes ___ No ___

❖ **Upon completion of a permit the compliance officer will review the project to ensure conformance to the permit.**

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 FOR THE DURATION OF THE JOB
NO CONSTRUCTION IS ALLOWED TO START PRIOR TO 8 AM
NO CLEAR CUTTING OF ANY LOT IS PERMITTED**

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

PLEASE PRINT ALL INFORMATION

A. Type of Construction:

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

B. Permits: (Where applicable)

Sewage Permit# _____ Disposal Type: _____

Building Permit# _____ Zoning Permit# _____

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) _____

D. Specific Color (attach swatch) _____

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

F. Dimensions of Building: _____

G. Height of Roof Peak: _____

H. How Many Outbuildings are Currently Located on the Property: _____

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

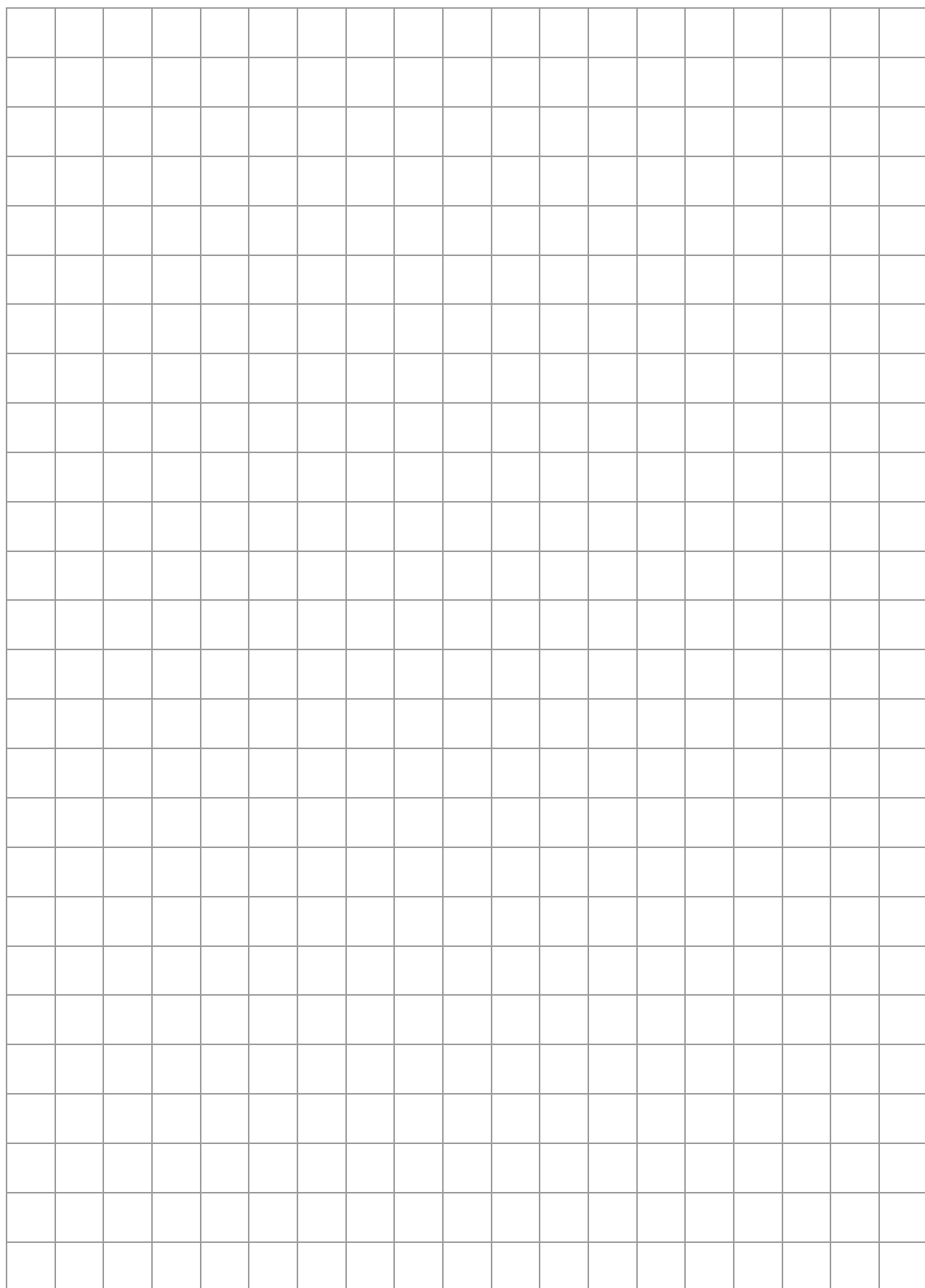
**This certifies that the Architectural Control Committee (A.C.C.) of Towamensing Trails
Property Owners Association has reviewed these plans on the associated date.**

APPROVED _____ DATE _____

APPROVED _____ DATE _____

ACC Coordinator:

Date received _____ check/cash _____ initials _____



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
- _____ 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
- _____ 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 permits
- _____ Penn Forest 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
Office Hours: Monday - Fridays 9am – 5pm; Saturday 9am – 3pm
Office Phone 570-722-0302 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. Mailing address: _____
D. City/State/Zip: _____
E. Home phone: _____ F. Cell phone: _____
G. Lot # _____ 911# _____ H. Street: _____
I. Contractor name: _____
J. 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 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 _____