



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

1. **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**

- ❖ Property Owner acknowledges receipt of Rules & Regulations and also agrees to abide by all rules or will be subject to a penalty. By signing this application the owner acknowledges the Application to be true to whatever is outlined.
- ❖ In any case of encroachment, the encroaching property owner will need to get a survey and the permit will be considered null & void. The Property owner could possible face ACC Fines & Legal Action.
- ❖ 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. Contractor State Registration # \_\_\_\_\_  
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. 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 Color (siding) \_\_\_\_\_

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.**

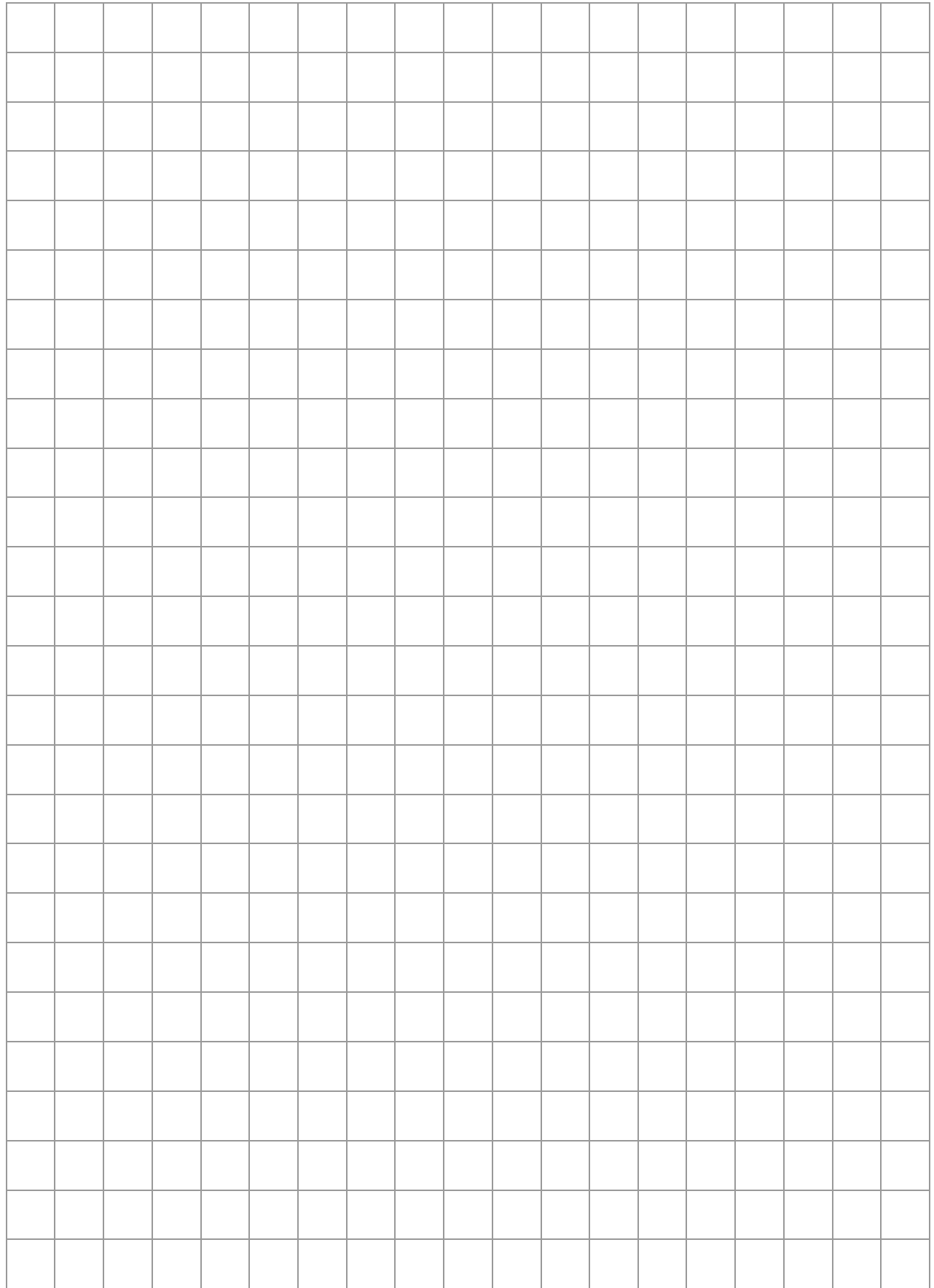
APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

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

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ACC Coordinator:

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



# 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)
- \_\_\_\_\_ Specific colors and or type 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 **(When needed)**
- \_\_\_\_\_ Penn Forest Zoning Permit
- \_\_\_\_\_ Plans & Elevations from the Finished Grade **(When needed)**
- \_\_\_\_\_ Plot Plan (to scale)
- \_\_\_\_\_ Specific colors and or type 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 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  
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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 4" 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 \_\_\_\_\_