

STURBRIDGE LAKES ARCHITECTURAL CONTROL COMMITTEE

APPLICATION FOR CHANGE OR ALTERATION

NAME Chevon Brackett Collins DATE 12/6/16  
ADDRESS 187 William Feather Drive PHONE 856-607-8780  
Voorhees NJ 08043  
EMAIL jb.8500@comcast.net  
(your address will be added to the email alert list and you will receive approval notification by email)

Note: This completed form will be available for viewing on theLaker.net

1. Draw a simple sketch below to indicate location, dimensions, materials, color and other pertinent information, or attach a copy of your plans.
2. Attach a copy of your lot survey on which you have drawn (to scale) the structure.
3. Submit 1 copy each (except swimming pools) of the following: this form, any plans, your lot survey
4. For swimming pools only, 2 copies of the following: this form, lot survey, pool plans, landscape plans (existing and proposed), soil erosion plan, and wastewater disposal plans (backwash and draining)
5. For tree removal and other landscape changes, on lot survey mark location of ALL trees noting the ones you wish to remove and why. Also, lightly shade all areas of property left 'undisturbed' to show compliance with our 20% undisturbed natural vegetation per Article V, Section 1. (p) of the C & R's.

Any questions call the Management Office: 888-884-8490

PLEASE MAIL COMPLETED APPLICATION TO:  
Sturbridge Lakes Architectural Control Committee  
c/o MAMCO  
14000 Horizon Way, Suite 200  
Mt. Laurel, NJ 08054

Chevon Brackett Collins  
owner signature  
Owner grants permission to Architectural Committee and/or SLA Trustees to enter property to inspect proposed site.

- NOTES:
1. Resident is required to obtain all Voorhees Township, state, and any other necessary permits. Call 429-0647
  2. Applications cannot be processed unless residents are current in their Association Dues
  3. Residents should be advised that if an architectural matter must be referred to the Association attorney, the attorney's costs will become the financial responsibility of the homeowner.

APPROVED UNCONDITIONALLY \_\_\_\_\_  
APPROVED CONDITIONALLY \_\_\_\_\_  
(See Attachments)  
REJECTED \_\_\_\_\_  
(See Attachments)

\_\_\_\_\_  
Chairperson  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Property Manager  
\_\_\_\_\_  
Date

\_\_\_\_ Application cannot be processed because Association dues are delinquent. Please resubmit after dues are paid.

\_\_\_\_\_  
Manager

\_\_\_\_\_  
Date

revised 4/08

**STRUCTURAL DESIGN DATA**

(FOR PHOTOVOLTAIC INSTALLATION)

MINIMUM UNIFORMLY DISTRIBUTED LIVE LOADS:

Roof: 30 psf

Wind: 125 MPH exposure 'C'

MINIMUM UNIFORMLY DISTRIBUTED DEAD LOAD:

10 psf all areas (existing)

3 psf solar panels

CONSTRUCTION TYPE : 5B

USE GROUP : R5 Single Family Residential

Solar panel installation designed in accordance with  
2015 International Residential Code New Jersey  
Edition and 2014 National Electric Code

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By The Sidrane Group

**ELECTRICAL NOTE:**

All photovoltaic (PV) wiring shall be mounted or run a minimum of 10" below roof framing except under arrays

**GENERAL NOTES:**

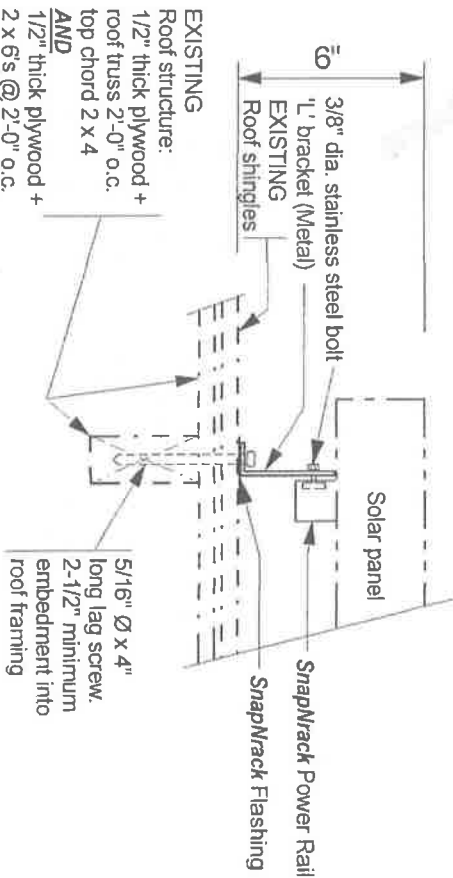
1. These drawings have been prepared in accordance with the regulations of the NJ UCC. The work of all contractors shall comply with the requirements of this code.
2. The general contractor is designated as the 'responsible person' per paragraph 5.23-2.21 (c) of the NJ UCC.
3. No deviations from the work shown or reasonably implied shall be taken without the ARCHITECT'S WRITTEN CONSENT, a copy of which shall be filed with the construction official.
4. Contractor to verify all dimensions prior to starting any work. Any discrepancies are to be reported to the Architect in WRITTEN FORM immediately.
5. All materials and equipment specified shall be installed in strict accordance with manufacturer's written installation instructions.
6. The contractor will obtain and pay for all required building permits and rough and final inspections.

**DEMOLITION NOTES:**

1. The contractor is responsible for locating all existing utilities prior to starting any construction or demolition.
2. All solid waste removed from the site is to be disposed of in a legal landfill or recycled as required by the local municipality.
3. The contractor is to exercise caution due to the possibility of hidden features and/or mislocation of existing construction as plotted from land or field survey.

**NOTE:**

The information contained herein is the property of The Sidrane Group and may not be REPRODUCED, COPIED, altered, used for an addition to this building or used as a prototype without the expressed WRITTEN PERMISSION of The Sidrane Group. The contractor shall verify all dimensions & existing conditions at the job site prior to the commencement of any work. In the event of any discrepancies, the Architect will be notified in written form immediately. The Architect shall not be responsible for any job site safety requirements or related components as relates to the construction project both expressed or implied.



**DETAIL**  
1-1/2" = 1'-0"  
**ROOF INSTALLATION**

STRUCTURAL NOTE:  
I have examined the roof structure and find it adequate to support the additional load imposed by the new solar photovoltaic system.

Thomas Sidrane, RA NJ A19963

**THE  
SIDRANE  
GROUP**

ARCHITECTURE  
& PLANNING  
201 TILTON ROAD  
NORTHFIELD, NJ 08225

609-383-0635  
F-609-383-8324  
thomas@thesidrane.com

C. BRACKETT

9.01 KW Photovoltaic System

**ALL SEASON  
SOLAR**

187 William Feather Rd.  
Voorhees Township, NJ

PROJ. NO.: 1101.2535

DRAWN BY: TSID

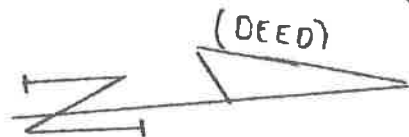
DATE: 12-9-2016

REVISION:

468 SF OF PANELS

DRAWING NO.:

**0**



120' WIDE P.S.E. & G EASEMENT

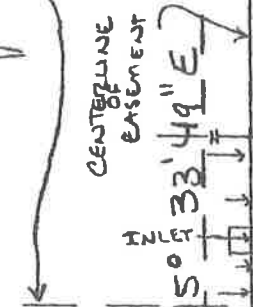
Lot 23

LOT 22 BLOCK 229-14  
FINAL PLAN OF LOTS, PHASE IV  
SECTION 16, THE LAKES AT  
KENILWORTH

Lot 21

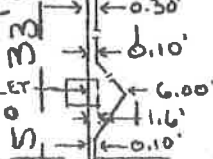
CENTERLINE OF EASEMENT

225.02'



WOOD & WIRE FENCE

INLET



15' WIDE STORM DRAINAGE EASEMENT

WOOD & WIRE FENCE

WOOD & WIRE FENCE

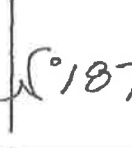
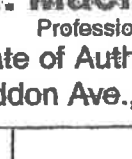
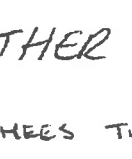
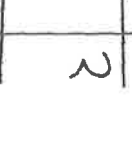
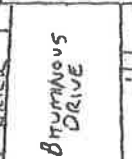
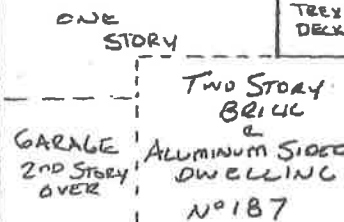
WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE



225.02'

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WOOD & WIRE FENCE

WEXFORD TERRACE

240.59'

P.O.B.

IRON PIN

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N 04° 26' 11" E →

WILLIAM FEATHER (50' WIDE) DRIVE

BEING LOT 22, BLOCK 229.14, TAX MAP, VOORHEES TWP.

WILLIAM E. RATLIFF  
TO NANCY J. RATLIFF  
any Insuror of Title relying hereon and any other party in interest:  
In consideration of the fee paid for making this survey, I hereby certify to its accuracy (except such easement, if any, that may be located below the surface of the lands or on the surface of the lands and not visible) as an indorsement for any insuror of title to insure the title to the lands and premises shown thereon. Responsibility limited to current transaction.  
*William E. Ratliff*

Walter H. Macnamara Assoc., Inc.  
Professional Land Surveyors  
Certificate of Authorization 24GA28052300  
813 Haddon Ave., Collingswood, NJ 08108

Survey of Premises

187 WILLIAM FEATHER DR



## TREE REMOVAL SATELLITE PICTURE FORM

### CUSTOMER INFORMATION

NAME: BRACKETT

PHONE NUMBER: 856-813-6947

ADDRESS: 187 WILLIAM FEATHER DR, VORHEES, NJ

ALTERNATE NUMBER:

LEASE COMPANY: NJR

LEASE ID: 24186

SITE EVALUATION DONE BY: \_\_\_\_\_ DATE: \_\_\_\_\_



**Notes:** 2 trees in front of the house need to be cut. 1 tree in front and left of the house might need to be cut as well.



ALLSE-1

OP ID: JL

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/08/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Siracusa-Kaufmann Ins Agency Insurance Agencies Inc. 1601 New Rd., #100, PO Box 225 Northfield, NJ 08225 Victor Petrilli	<b>CONTACT NAME:</b> Jeni Redden, CIC														
	<b>PHONE (A/C, No, Ext):</b> 609-646-1000														
	<b>FAX (A/C, No):</b> 609-646-0696														
	<b>E-MAIL ADDRESS:</b> jredden@insuranceagenciesinc.com														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Penn National Insurance</td> <td>14990</td> </tr> <tr> <td>INSURER B : Markel American Insurance Co.</td> <td>28932</td> </tr> <tr> <td>INSURER C : New Jersey Casualty -W/C Plan</td> <td></td> </tr> <tr> <td>INSURER D : Harleysville Insurance Co.</td> <td>42900</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Penn National Insurance	14990	INSURER B : Markel American Insurance Co.	28932	INSURER C : New Jersey Casualty -W/C Plan		INSURER D : Harleysville Insurance Co.	42900	INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															
<b>INSURED</b> AllSeason Construction Co. AllSeason Solar LLC t/a 28 South New York Road Galloway, NJ 08205															


**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			CL90647219	04/17/2016	04/17/2017	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
D	AUTOMOBILE LIABILITY			BA00000012967T	04/17/2016	04/17/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (PER ACCIDENT)	\$
		<input type="checkbox"/>	<input type="checkbox"/>					\$
	UMBRELLA LIAB			MKLV10LE107749	04/17/2016	04/17/2017	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			M57882316	03/17/2016	03/17/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Inland Marine			CL90647219	04/17/2016	04/17/2017	Installat	50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SAMPL-1  <b>SAMPLE DOCUMENT FOR INFORMATIONAL PURPOSES ONLY</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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