

# STURBRIDGE LAKES ARCHITECTURAL CONTROL COMMITTEE

## APPLICATION FOR CHANGE OR ALTERATION

NAME Patrick Keating DATE 8-3-2019

ADDRESS 69 William Feather PHONE 609-929-1076

EMAIL Keatingpk@aol.com  
(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

*Remove 10 inch caliper pine by driveway. Storm damaged*

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

  
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