

# LEISURE KNOLL at MANCHESTER

## APPLICATION FOR ACC PERMIT

Fax: 732-657-7433

HOME OWNER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Brief description of proposed improvements:

\_\_\_\_\_

As homeowner I accept full responsibility for compliance with all covenants and rules of the Association and the Township of Manchester and all necessary corrections of the proposed improvements which are not in compliance with when work is done.

\_\_\_\_\_  
Homeowner's Signature

**NOTE:** A plot plan to scale is required for all additions – including patios, decks, sun rooms and for widening or changes to dimensions of driveways.

Sample of colors for building and trim (paint or siding) shall accompany this application. Also provide color and type of roofing proposed.

Contractor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Contractor's Address \_\_\_\_\_ Reg. No. \_\_\_\_\_

**IMPORTANT:** a copy of the Contractor's CERTIFICATE OF INSURANCE MUST be attached to this application before it can be processed.

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*For Office Use Only*

Conditional Approval \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Permit No. \_\_\_\_\_ Approval Date \_\_\_\_\_ Disapproval Date \_\_\_\_\_

**COMMENTS:**

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

Signature(s) of Architectural Control Committee Members

Active: YES NO Verified by \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_