CBHA DOCK AND SEAWALL REQUEST FOR CONSTRUCTION

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO
CBHA DOCK MANAGEMENT COMMITTEE
PO BOX 1565 BUCKEYE LAKE, OHIO 43008

Name _____

Lake Address _____
House Number and Street

Mailing Address _____
Street City State Zip Code

Daytime Phone____ _____Lake Phone_____

Email address_____

Are you the owners of the property? Yes or No (Circle One) If new owner, previous owner's name _____

Contractors Information

Contractors Name_____

Phone_____Email_____

LOT NUMBER_____CBHA DOCK LOCATION(s) P-_____ L -_____ S -_____ MB -_____
ODNR Plate Number_____

TYPE OF CONSTRUCTION (CHECK ONE)
[ ] WALKWAY DOCK [ ] COVERED DOCK [ ] SEAWALL [ ] STRINGER

TYPE OF DOCK/SEAWALL CONSTRUCTION (CHECK ONE)
[ ] NEW [ ] RENOVATION OR REPAIR OF EXISTING STRUCTURE [ ] Other

A FEE OF $25.00 IS APPLICABLE AND CAN BE MADE PAYABLE TO CBHA, PLEASE ENCLOSE PAYMENT WITH THIS FORM

If the project is not completed as approved any necessary corrections will be completed at the homeowner's expense.

_____ _____ _____
REQUESTORS SIGNATURE DATE

Dock Committee Use Application Received Date_____

_____Approval with Modifications* _____Approval w/o Modifications

Dock Chairman's Signature (Indicates Application is complete and ready for review)_____

Dock Committee Members'
Signatures_____._____,_____

Date_____ *_____

Final Sign Off Upon Completion of the
Project by Dock Chairman_____Date_____

Dock Approved June 2014
Dock Revised and approved February 8, 2017

Board Approval June 11, 2014
Board Revised and approved March 14, 2017