

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 - _____
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 INC.
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.
A copy of the contractor's workers compensation and liability insurance must be provided to CBHA.**

REQUESTORS SIGNATURE DATE

Dock Committee Use

_____ Approval with Modifications _____ Approval w/o Modifications
Dock Chairman's Signature _____
Committee Members' Signature _____
Date _____
Final Sign Off Upon Completion of the Project _____ Date _____