



## Lake Toxaway Community Association Architectural Review Board

PO Box 100, Lake Toxaway, North Carolina 28747

(828) 966-9453 \* fax (828) 966-4083 \* [ltadmin@ipmhoa.com](mailto:ltadmin@ipmhoa.com) or [jduggins@ipmhoa.com](mailto:jduggins@ipmhoa.com)

### LOT MAINTENANCE / MAJOR LANDSCAPING APPLICATION

\$ _____ Application Fee    \$ _____ Compliance Deposit    \$ _____ Impact Fee			
Examples: Lot Maintenance – Underbrush and small tree (under 12”) removal, etc.			
Examples: Major Landscaping – Retaining wall, new major beds, water feature, etc.			
Date:	Project:	Lot Number:	
<b>HOMEOWNER INFORMATION</b>			
Name:			
Lake Toxaway address:	Lake Toxaway phone no.:	Home phone no.:	
	(    )	(    )	
Email address:	Work phone no.:	Fax no.:	
	(    )	(    )	
Mailing address:	City:	State:	ZIP Code:
<b>GENERAL INFORMATION</b>			
Contractor Name:			
Address:	City:	State:	ZIP Code:
Email address:	Office phone no.:	Fax no.:	
	(    )	(    )	
<p><b>Oversized Vehicles:</b> Projects that require use of oversized vehicles must submit an Over-Sized Vehicle Permit and pay an additional \$1,500 impact fee. Use of over-sized vehicles without a permit will incur a fine of \$3,000. Vehicles considered over-sized are as follows: Trailers greater than 28 feet in length, gross vehicle weight greater than 68,500 pounds, concrete trucks carrying greater than 8 cubic yards. Over-sized vehicle must display an "oversized load" or "wide load" in the front and rear while driving on LTCA roads.</p> <p>The information on this application and the plans and attachments submitted are complete and accurate to the best of my knowledge. I agree not to begin my home construction until I receive approval from the Architectural Review Board and have obtained required permits.</p>			
<b>Lot Maintenance / Major Landscaping Disclaimer Statement</b>			
My proposed lot maintenance will not result in any future maintenance cost whatsoever to the Lake Toxaway Community Association. All Maintenance of my lot shall be the sole responsibility of myself, my heirs or the future owner(s) of my dwelling.			
Owner or Owner Representative Signature _____		Date _____	

**Please return completed form to: [ltadmin@ipmhoa.com](mailto:ltadmin@ipmhoa.com) and/or [jduggins@ipmhoa.com](mailto:jduggins@ipmhoa.com)**

## TREE LOCATION SITE PLAN

**Scale (distance or feet per square)** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

Plot existing or proposed structure(s) and all proposed trees for removal. If certain trees are proposed to be retained near the trees proposed to be removed, please show trees to be retained and annotate which trees are to be removed and which trees are to be retained. Show dimensions from the property lines, streets, right-of-ways, and existing structures.

**Please indicate orientation by using the word NORTH on site plan.**

