

**THE SMOKE RISE CLUB
ARCHITECTURAL & VARIANCE COMMITTEE
A/C UNIT/PROPANE TANK/GENERATOR
APPLICATION**

RESIDENT TO RETAIN THIS PAGE

1. **CERTIFIED SITE SURVEY:** To Scale, a copy of the Certified Site Survey of the property showing the exact location of the proposed piece of equipment noting all setback dimensions.
2. Size and kilowatt and/or tonnage and/or gallons of equipment.
3. Equipment must be landscaped and/or screened depending on installation location on the property. If your propane tanks or generator are visible from the roadways or surrounding properties, you are required to submit an example of your screening material (ie, fence or other form of screening) at the same time you receive approval for the propane tanks and/or generator.
4. A member of the AVC will contact resident to visit the property to take a picture of the proposed location of the equipment on the property. Picture to be attached to file.
5. **Any and all external changes in the project must be provided to the AVC for approval. Failure to do so will result in a stop work order.**
6. **VARIANCE REQUIRED? DOES THE PLACEMENT OF THE EQUIPMENT MEET THE CURRENT SMOKE RISE CLUB SETBACK REQUIREMENTS: YES OR NO.** If the desired location does not meet the Smoke Rise Club setbacks, a variance from the Borough of Kinnelon Board of Adjustment may be required prior to a construction permit being issued. **NOTE:** Resident to check with the Borough of Bloomingdale Building Department.

Please answer all questions. If a question does not apply, please indicate N.A. DO NOT leave any questions blank. Blank applications will not be considered by the A&V Committee.

RETURN THIS PAGE WITH ATTACHMENTS

DATE: _____

OWNER: _____

ADDRESS: _____

BLOCK NUMBER: _____ LOT NUMBER: _____

TELEPHONE NUMBER: _____

RESIDENT EMAIL

EQUIPMENT (CIRCLE ONE): NOTE DETAILS SUCH AS SIZE:

- **A/C UNIT:**
Size and number of units: _____

- **PROPANE TANK:**
Size and number of tanks: _____

- **GENERATOR: Size:**

- **SCREENING STYLE (PHOTO ATTACHED):** _____

CHECK LIST:

1. **CERTIFIED SITE SURVEY SHOWING LOCATION OF EQUIPMENT: _____**
Please write on the site survey the exact footage from all property lines.

DOES THE PLACEMENT OF THE EQUIPMENT MEET THE CURRENT SMOKE RISE CLUB SET BACK REQUIREMENTS: _____

2. **VARIANCE REQUIRED? PLEASE CIRCLE YOUR ANSWER: YES OR NO.**

COMMENTS _____

OWNER /APPLICANT SIGNATURE: _____