

Upper Sunset Park Association Inc.

Shorefront Alteration Form

Absolutely no alterations can be made to easements, shorelines or lake areas (SFLECC common areas) without written consent of the USPA Board. All alterations must be in compliance with the Terms and Conditions set forth by USPA and SFLECC. This form is to be used to record the approval or rejection of transfers, alterations and other shorefront related proposals of USPA members.

Shorefront (s) Licensee: _____ Date: _____

Upper Sunset Park Address: _____

Mailing Address: _____

Contact Phone Number: _____

Shorefront Location Number: _____ Shorefront Footage: _____

You must review this form with your adjacent shorefront licensees, obtain their signature and if they approve or do not approve of the proposal alterations identified on this form.

Names of Adjacent Shorefront Licensees:	Signature:	Approve or Not Approve
Shorefront Eastside: _____	_____	_____
Shorefront Westside: _____	_____	_____

Description of Proposal: Be specific, the data provided will help expedite the process. We must have a detailed drawing of the proposed alterations/changes. Please attach an 8 ½" x 11" drawing with dimensions of walkway, dock area and lift(s), i.e., watercraft placement. Please identify support system. No treated wood supports can be approved. No asphalt, stone or gravel may be used without USPA Board approval.

*Remember your plan must give open access to the main lake from your allotted access area.

Approximate Start Date: _____ Approximate Finish Date: _____

Proposed Dimensions: Width: _____ Length: (From shoreline to farthest point) _____

Reason for this length _____

Materials to be used in alteration proposal, be specific: (You may use the back of this page or use additional pages if further description is needed)

Complete and accurate information is necessary for promptness. The Board may need further clarification prior to approval. By submitting and signing this alteration form I acknowledge that I have read and understand all terms and conditions set forth by this alteration form.

Applicant's Signature _____

Submit to USPA, PO Box 844, Monticello, IN 47960 or in person to your neighborhood Board member. Allow 30 days for processing. The original form will be kept by the board and a copy/duplicate will be returned to you approved or rejected with board comments.

Consent: _____ Rejection: _____ Date: _____

Board comments: _____