

HOLIDAY HEIGHTS HOMEOWNERS ASSOCIATION

96 Prince Charles Drive; Toms River, NJ 08757
732-244-8686 Fax 732-244-1447

This form is for internal Office use only

ZONING AND CONSTRUCTION PERMIT

Date: _____ Home Owner: _____

Address: _____ Telephone #: _____

Model of Home: _____ Block & Lot: _____

Contractor: _____ Telephone #: _____

Signature of Homeowner: _____

Holiday Heights Permits are not required for interior construction, replacement of "same size windows", replacement of "same type and color" siding, replacement of "same size" exterior doors, and repairs/replacement of gutters or leaders. All other exterior work to the house or grounds require a permit. It is suggested plans/drawings for your request be submitted with this form.

Addition of seasonal room (screened or Florida) requires a 14 ft. set back. Addition of a permanent room (with insulation, heat and/or A/C) requires a 20 ft. set back. Any addition not meeting these requirements will be subject to Board approval and will need to obtain a variance from the Township of Berkeley. The Township of Berkeley must be checked for other Berkeley permit requirements before construction starts.

Construction Action Request: _____

.....
The Board of Directors of Holiday Heights Homeowners Association reviewed and voted on this application. Request Approved Request Denied Requested Approved with Modifications.
(See accompanying letter)

- 1. Construction must be in accordance with all Covenants and Restrictions as set forth in the current Holiday Heights Handbook.
- 2. Construction must be in accordance with all local zoning ordinances.
- 3. Acquisition of all Township permits is the responsibility of the contractor.
- 4. There should be no change in the grade of the property around the structure without approval from the Board.
- 5. Enclosures are to match existing colors.

Holiday Heights Homeowners Association
Code Committee Chairman

Board of Directors:

This form is for internal Office use only

General Complaint and Suggestion Form

Complainant Information
(your name & Information)

Complaint Against
(Their Information)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone # _____ (Contacted On: _____)

Signature: _____ (Unsigned Complaints will not be acted upon)

The Board of Directors is open to all suggestions, comments or complaints. All forms will be acted upon as soon as possible and you will be contacted by telephone to acknowledge its receipt. No further information on the resolution of the complaint will be provided to you. All information will be treated confidentially.

Complaint or Suggestion: _____

(Use Back of form if required for additional information)

Office Use Only: (Code Committee Reply) Date Received: _____

Signed by: _____

Reply Date: _____

Action Taken By Board: _____

Follow Up Action: _____

Signed by: _____

Reply Date: _____



HOLIDAY HEIGHTS HOMEOWNERS ASSOCIATION, INC.

2018

LAWNS PLUS

Complaint Report Form

DATE of COMPLAINT: _____ **Date Faxed:** _____

NAME: _____

ADDRESS: _____

PHONE #: _____

NATURE OF COMPLAINT:

SIDING DAMAGE: _____ **BROKEN SPRINKLER HEAD(s):** _____

RUTS IN LAWN: _____ **MARKS MADE ON DRIVEWAY:** _____

DID NOT CUT: _____ **DID NOT WEEDWACK:** _____

OTHER: _____

LOCATION:

Front right: _____ **Front Left:** _____ **Rear right:** _____ **Rear left:** _____

Right side: _____ **Left side:** _____ **Entire Lawn:** _____

=====

Office use only:

Date Completed: _____ **Not Completed:** _____

Siding Repairs Pending: _____ **Estimated date of Completion:** _____

Comments by Lawns Plus: _____



HOLIDAY HEIGHTS HOMEOWNERS ASSOCIATION, INC.

2017-2018

LAWNS PLUS

Snow Removal Complaint Form

DATE OF COMPLAINT: _____ **DATE FAXED:** _____

NAME: _____

ADDRESS: _____

PHONE: _____

NATURE OF COMPLAINT:

LOCATION:

Office Use Only:

Date Completed _____ Not Completed: _____

Comments by Lawns Plus:

HOLIDAY HEIGHTS HOMEOWNERS ASSOCIATION

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Toms River, NJ 08757
732-244-8686

HOPA SURVEY-2018 (Housing for Older People Act)

The Housing for Older Person Act was signed into law on December 28, 1995 by President Clinton. The HOPA provides housing for older persons and is intended for occupancy by at least one person 55 years of age or older per unit. It requires that periodically information must be collected and verified with the age of all residents. Under NJ Law, a letter regarding age is required to be filed with the deed.

It is mandatory that you complete this survey and return to the Association office immediately.

HOPA QUESTIONNAIRE

Homeowner Renter (Check One)

BADGE# _____

Please print:

Homeowner/Renter Name (s)

Street Address

City

State

Primary Phone #

Emergency Contact Phone #

*Should not be the same as the
primary phone #

Alternate Address:

Street Address

City

State

Zip Code

Alternate phone #

Total number of people living in your home. _____ including live in assistants, housekeepers, aides, etc.

Please list below the name (s); age and birthdate of all residents:

NAME

AGE

BIRTHDATE

Person#1 _____

Person#2 _____

Person#3 _____

Person#4 _____

I/We certify this form to be an accurate statement of the number of persons living in my home with their accurate birthdates. Under penalty of perjury, I/We declare that the above information is true, correct and complete.

Homeowner/Renter Signature

Homeowner/Renter Signature

Date

Filing of this document is required by Federal and State Law.

**HOLIDAY HEIGHTS HOMEOWNERS
ASSOCIATION, INC.**

ROBO-DIALER
"OPT" out form

DATE: _____

I, WE _____ would like to "OPT" out of
the Robo Dialer program.

Address: _____ Phone# _____

Signature (s): _____

**HOLIDAY HEIGHTS HOMEOWNERS
ASSOCIATION, INC.**

ROBO-DIALER
Permission to use cell phone

DATE: _____

I, WE _____ give permission to use a
cell phone number for the Robo Dialer program.

Cell phone #: _____

Address: _____

Signature (s): _____
