



# LAKE CHARLEVOIX ASSOCIATION LAKE GUARDIAN APPLICATION



## DIRECT IMPACT BUSINESS

The undersigned business subscribes to support the Lake Guardian program of the Lake Charlevoix Association (“LCA”) as a “Lake Guardian”. We agree to conduct our business activities in a manner consistent with the goals of the program of protecting and enhancing the waters, shoreline and watershed of Lake Charlevoix (“the Lake”).

**In particular, we agree to:**

- **Promote Lake friendly approaches toward development around the Lake, which will maintain and improve the natural shorelines and greenbelts and eliminate or retard unnecessary or harmful run-off to the Lake.**
- **Avoid where possible, designs or activities which could have a detrimental effect on the Lake or its natural shorelines and greenbelts.**
- **Comply with all regulations and ordinances aimed at protecting the Lake or its watershed, including greenbelts, shorelines, wetlands, drainage and site inspection requirements.**
- **Encourage clients to preserve the natural greenbelt and shoreline areas to enhance filtration and control runoff, while accommodating reasonable desires for sight corridors and usable yards and shorelines, to use materials which will limit runoff and the need for chemicals and fertilizers, and to employ energy absorbing shoreline structures where required.**

As Lake Guardians, we will gladly display a Lake Guardian sign or decal at our business. We understand that our business will be promoted in the Lake Guardian section of the LCA website in our business category, with a link to our website. Such listing will continue so long as we adhere to the principles of the Lake Guardian program. We will inform clients of our participation in the program, and encourage designs or services consistent with it. We will discuss with LCA any project that would not be consistent with program goals. We acknowledge that our participation may be re-evaluated at any time if we fail to comply with the spirit of this enrollment application.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Position** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Website** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Category** \_\_\_\_\_

**Company Address** \_\_\_\_\_

Please return completed form to: **Lake Charlevoix Association, P.O. Box 294, Charlevoix, MI 49720**

LCA USE ONLY:

This application is approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

For the Lake Charlevoix Association, by \_\_\_\_\_.