

COMMUNITY NAME: _____

ARCHITECTURAL/ LANDSCAPE REQUEST FORM

NAME: _____ DATE: _____

ADDRESS: _____ PHONE (Day) _____ (Night) _____

Please state as concisely as possible the nature of the request to be reviewed by the Architectural or Landscape Control Committee:

Plans with exact dimensions must be submitted with this form.

Contractor(s) must submit an insurance certificate of liability to the Management Office prior to the commencement of the work. Contractor(s) will be responsible for any damage to neighboring properties, common area, wires, etc.

As the Owner of _____, I/We agree to be totally responsible for the entire installation, maintenance and upkeep (replacement, insurance, etc.) for the above request, if approved. I/We understand that no work will begin until written approval is received from the Architectural or Landscape Control Committee. This agreement will be made part of any agreement of sale that I/We enter into for the above-mentioned unit.

Signature(s): _____

Neighbors' Acknowledgments

(1) _____ (UNIT #) (2) _____ (UNIT #)

(The signatures of neighbors do not imply either approval or disapproval, merely that they have been informed of the request by the Homeowner. They may obtain a copy of the request and plan from the Managing Agent. Any homeowner wishing to comment on the request may do so in writing, forwarding comments to the Managing Agent as soon as possible prior to scheduled Committee or Board Meetings.)

NOTE: APPROVAL BY THE _____ ASSOCIATION IS LIMITED SOLELY TO THE VISUAL ASPECTS OF THE PROPOSED SUBMITTAL. COMPLIANCE WITH THE TOWNSHIP BUILDING CODE AND ZONING ORDINANCE, APPLICATION FOR REQUIRED PERMITS AND REVIEWS, AND THE CONSTRUCTIBILITY OF THE PROPOSED DESIGN IS THE RESPONSIBILITY OF THE HOMEOWNER.

Committee Recommendation and Date: _____ Board Approval Required YES _____ NO _____
Approved: _____ Date of Board Approval: _____
Disapproved: _____ Owner Notified: _____
TRACKING# _____