

ARCHITECTURAL CHANGE APPLICATION

(AGREEMENT)

1 Owner's Name & Unit # _____

Unit Address & Phone # _____

2 Contractor Name, Address & Phone _____

3 Description of Proposed Work _____

An accurate drawing is attached showing the exact location, type of materials used, dimensions, floor plan, external design, colors and any other pertinent information regarding the proposed addition or change.

Architectural Control requests will be reviewed _____ each month. Requests will be either approved, denied, or denied pending additional information within 5 business days after the Board of Directors meeting. If you receive no communication, please contact the appropriate party.

The owner acknowledges that any repair/replacement to and/or any liability resulting from the above proposed architectural change(s) shall be the responsibility of the Owner of the unit and not that of the Homeowners Association.

The Owner further acknowledges that the Homeowners Association's insurance policy shall not pay for any claims resulting from the proposed architectural changes. The Owner's personal policy shall cover any additions/upgrades made to the original construction.

Even if these plans are approved, the Owner(s) understand that no construction may begin unless the Owner has secured a building permit from the appropriate municipality.

It is understood by Owner that in the event of the sale of his/her Unit, subsequent buyers shall purchase the Unit subject to this agreement.

Owner's Signature

Date

Owner's Signature

Date

Committee Action Taken: Approval _____ No Approval _____

This _____ day of _____ 20 _____

By: _____