

Date Received: \_\_\_\_\_

## APPLICATION FOR ARCHITECTURAL MODIFICATION

1. \_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Association Name

\_\_\_\_\_  
Unit Address

(       )                      (       )  
Day Telephone                      Evening Telephone

\_\_\_\_\_  
Mailing Address (If Different From Above)

2. Applicant requests Association approval for a modification, addition or deletion as follows:

- a. Print description of work to be done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. Submit two copies each of this application, plot plan, scale drawing of proposal, material specification and color scheme. The Board must evaluate the end result of your proposal so you must give them sufficient information. A photograph would be appreciated.

- c. Reason for or desired result of your proposal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Applicant agrees that all work shall be completed within \_\_\_\_ calendar days from date of Association approval.

4. I, the applicant, acknowledge my responsibilities and agree that:

- a. I am the legal owner of the subject property.
- b. I will be responsible and liable for acquiring all necessary building permits and any subsequent changes shall be re-submitted to the Board.

- c. I accept the liability for any acts of any contractors, workmen, suppliers and/or acts of mine resulting from the work herein specified and agree to hold harmless the Association and its members.
- d. I agree that I shall be responsible and accountable for the prompt repair of any damage caused by any contractors, workmen and/or suppliers to the common area or private property for which the Association has the maintenance obligation.
- e. I accept responsibility for all maintenance and upkeep, including ornamental iron work.
- f. I acknowledge that approval of my application by the Association is for design only and is given without the assumption of liability from any cause whatsoever.

\_\_\_\_\_  
Applicant's Signature

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\_\_\_\_\_  
Date

<b>BOARD APPROVED</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ Signature	<div><div>/</div><div>/</div> _____ Date</div>
Other: _____	
_____	
_____	
_____	
_____	