



ARCHITECTURAL MODIFICATION REQUEST FORM

This document will become part of the Homeowner's contract and must be complied with by any succeeding homeowners or tenants.

I, _____, do hereby request permission to make the following modification(s) to my home at:

Home Phone: _____ Cell Phone: _____ E-mail: _____

DESCRIPTION OF REQUEST: _____

Attach the following as applicable:

- Complete description (photo/drawings/brochure) as to construction design, materials (types/sizes), and color/finish.
- Plot Plan with proposed modification(s) to approximate scale with dimensions.
- Floor Plan, Elevation, Section Drawing (i.e., footings).

I do, by my signature, understand and agree to the following:

1. That applicable city permits will be obtained. Approval of any alteration by the Architectural Committee does not relieve me of my responsibility to ensure that the alteration does not violate the building and zoning codes;
2. That I assume total responsibility for the upkeep and maintenance of all modification(s) made in the area;
3. That the modification(s) will not in any way hinder yard care;
4. That I will accept total responsibility for any damage to person or property that may be caused by this modification(s);
5. That the Homeowners Association reserves the right to require removal or repair of the modification at my own expense if: (a) modification is not constructed or installed as per specifications submitted for approval with this for; or (b) the modification is not maintained in a safe condition; or (c) the modification is not maintained in keeping with the surrounding structures.
6. I certify that I have read and agree to follow the rules and regulations pertaining to architectural control and review (if applicable).

Lesner Cove Condominiums Association, Inc.
Architectural Modification Request Form
Page 2

A response to Homeowner will be due 30 days from date of receipt of this application per Architectural Guidelines.

Date: _____ Homeowner's Signature: _____

For Association Use Only

Date Received by Property Manager: _____ Signature: _____

APPROVED by Architectural/Landscape Committee

APPROVED (with following contingencies by Architectural/Landscape Committee

DISAPPROVED for the following reason(s) by Architectural/Landscape Committee

Architectural Committee Signature

Date

Rev. 10/11

Return completed application to The Select Group at the address or fax number at the bottom of the first page or email to reaster@theselectgroup.us