

Clearview PUD Homeowners Association

Application for Approval of Architectural Improvements

Pursuant to the Declaration of Covenants, Conditions, and Restrictions and the Board of Directors' Resolution regarding architectural control, I/we submit the following application to make improvements:

Date: _____

Address of Property: _____

Name of Owner(s): _____

Mailing Address: _____

Phone Number: _____

E-mail: _____

Description of work (including design, nature, type, size, shape, height, width, color, materials and location of proposed improvements):

Plans including location, elevations, and dimensions

Specifications (e.g., manufacturer's brochure)

Samples of colors

Samples or description of materials

Photographs

Other

I understand that under the Covenants and Rules & Regulations, the Committee will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the Association.
2. All work will be done at my expense, and all future upkeep and maintenance will remain at my expense.
3. All work will be done expeditiously once commenced and will be done in good workmanlike manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners of the Association.
5. No trash or debris from the project will be placed on property belonging to other unit owners or on Association common property.
6. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
7. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected to this work.

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8. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws, codes, regulations, and requirements in connection with this work, and will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Homeowners Association, its Board of Directors, its agent(s), and the Committee have no responsibility with respect to such compliance and that the Board of Director's or its designated Committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.
9. The contractor name and contact number is:

10. In the event of approval, I will notify the Architectural Control Committee in writing when the work is completed so that an inspection can be made to ensure that it conforms to what was approved.
11. If approved, work will start on or about _____ days after approval and will require approximately _____ days to complete.

Signature

Date

Mail in duplicate to:

Name of Association: _____
C/o Park Avenue Realty Company LLC
Post Office 123
Eaton, CO 80615

I hereby acknowledge receipt of the above and its marked attachments on this ___ day of _____, 20 ___ at _____ o'clock ___ am/ ___ pm.

This receipt is not acknowledgement that such submission is complete.

By: _____ Date: _____
Community Association Manager

By: _____ Date: _____
Architectural Control Committee Member

For Office Use Only:

Denied Approved as submitted Approved subject to the following requirements:
