

West Memorial

Application for Home Improvements and Modifications

Homeowners Information

Name	Date
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Address

Email Address:

Home Phone No.	Work Phone No.	Closing Date of Home:
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Type of Improvement or Modification

<input type="checkbox"/> _Patio	<input type="checkbox"/> _Storage Building	<input type="checkbox"/> _Permanent Basketball Goal	<input type="checkbox"/> _Storm Door (Front)	<input type="checkbox"/> _Storm Door (Back)			
<input type="checkbox"/> _Pool	<input type="checkbox"/> _Play Equipment	<input type="checkbox"/> _Swing Set	<input type="checkbox"/> _Spa	<input type="checkbox"/> _Patio Cover	<input type="checkbox"/> _Satellite Dish	<input type="checkbox"/> _Fence	<input type="checkbox"/> _Gutters
<input type="checkbox"/> _Siding	<input type="checkbox"/> _Gazebo	<input type="checkbox"/> _Shutters	<input type="checkbox"/> _Exterior Painting	<input type="checkbox"/> _Landscaping			

If OTHER Please Describe

PAINTING: Please state new paint color	Portion of house to be painted
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Trim Color (include soffit, fascia boards, and window trim)	Accent Color (Includes shutters, windows hoods & exterior doors)
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Who will do the actual work on this improvement?	Phone Number ()
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Landscape Improvement: Plans required with application	Who will perform this work: Phone Number ()
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STORAGE BUILDING: Height of building	Dimensions of building	Square footage of building
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State location/placement of building (<i>Plot map must be included with Application</i>)

Who will do the actual work on this improvement?	Phone Number ()
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Please include a sample of all improvements! (Example: Paint chip/swab/swatch, roofing shingle, siding sample, solar screen sample, etc.) In signing this application, I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. I understand that any misstatements, falsification or omission of information shall be grounds for denial of this application. I further understand that the Architectural Review Committee has forty-five (45) days upon receipt to review my application and I agree not to begin property improvements or modifications until the Committee notifies me, in writing, of their decision. HOA approval does not substitute for any County/State required permits. Owner is responsible for adhering to all Local/County/State guidelines. I have answered, truthfully, all questions pertaining to the proposed mentioned improvement or modification and have attached all samples, plans and permits required.

Homeowners Signature	Date
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Improvement Start Date	Improvement Completion Date
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