Quaker Hollow Homeowner Association

APPLICATION FOR APPROVAL OF ARCHITECTURAL CHANGE

DATE: _____

UNIT: _____ OWNER: _____

ADDRESS: _____ PHONE NUMBER: _____

Pursuant to Sections 7.03 and 7.04 of the Declaration, an Architectural Change Form must be submitted prior to any changes/additions to the outside of a unit.

NATURE OF PROPOSED ALTERATION OR ADDITION:

_____

_____

_____

Proposed Starting Date: _____ Estimated Completion Date:_____

(Actual starting date should not be set until project approval is received from the Board of Directors)

WORK TO BE PERFORMED BY: _____

==========

TO BE COMPLETED BY THE CONTRACTOR OR PERSON DOING THE WORK:

Please supply the following information:

1. Name and address of contractor **(if work is being performed by a contractor)**
2. Liability insurance face sheet with expiration date **(if work is being performed by contractor)**
3. Copies of blue prints or drawings done to scale showing plans, elevations, and cross section.
4. Specific materials list including brand and model when appropriate.

==========

FOR THE HOMEOWNER:

Please retain a copy for your records and send this application and all supporting paperwork to:

Quaker Hollow, PO Box 895, Getzville, New York 14068

This application will be forwarded to the Architectural Committee for preliminary review and recommendation, and then submitted to the Board of Directors for final review and decision. Please allow approximately **60 days** for processing.

The homeowner will be responsible for:

the quality of construction; repair of any Association property damaged during or as a result of the architectural change; maintenance; upkeep; and replacement (up to the standards set by the Board of Directors) of any architectural change. These responsibilities will be continued by any subsequent homeowner.

SIGNATURE OF HOMEOWNER:_____ **DATE:**_____

==========

THIS SECTION TO BE COMPLETED BY QUAKER HOLLOW HOMEOWNER ASSOCIATION BOARD OF DIRECTORS

Date Received: _____

_____ Approved Subject to final inspection

_____ Approved with restrictions (See Attachment)

_____ Disapproved: Reason for disapproval_____

Signed: _____ Date:_____

CHAIRMAN OF ARCHITECTURAL COMMITTEE OR PRESIDENT OF BOARD OF DIRECTORS

Final Inspection Conducted On Date:_____ Approved:_____ Disapproved:_____

Signed: _____ Date:_____

CHAIRMAN OF ARCHITECTURAL COMMITTEE OR PRESIDENT OF BOARD OF DIRECTORS