

Central Square Villas

APPLICATION FOR APPROVAL OF ARCHITECTURAL CHANGE

Date: _____ Email: _____

Unit Owner: _____

Address: _____ Phone: _____ Other: _____

NATURE OF PROPOSED CHANGE, ALTERATION, OR ADDITION:

Proposed starting date: _____ Proposed completion date: _____

Work to be performed by: _____

List of materials to be used (BE SPECIFIC) _____

Please attach materials sheet if more room is needed

FOR THE CONTRACTOR: ***PLEASE NOTE NO WORK IS TO BE STARTED UNTIL THE HOMEOWNER RECEIVES APPROVAL LETTER***

Please supply the following information:

1. Name, address and phone number.
2. Liability and workers compensation insurance with expiration date.
3. Drawing or plans and a specific list of materials to be used. PLEASE ATTACH
4. A copy of the most recent survey with the proposed change highlighted.
5. ***No Advertising signs are permitted on Central Square Villas property***

FOR THE HOMEOWNER:

The homeowner understands that he/she will be responsible for the quality of construction; repair of any damage to Association property, maintenance, upkeep and replacement (up to the standards set by the Board of Directors/Board of Managers) of any Architectural change. Upon sale of the unit, the seller must provide the Board with written approval from the purchaser that they will maintain any landscaping additions or the seller must return the area to its original condition before closing. Please include a copy of your survey.

Signature of Homeowner: _____ Date: _____

This application will be forwarded to the Architectural Committee for review, and put on the agenda for the next scheduled board meeting for a decision by the Board of Managers . Please allow up to 60 days for processing.

NO WORK IS TO BE STARTED UNTIL YOU RECEIVE AN APPROVAL LETTER

Please keep a copy of all information for your records and forward the original application to the property management office:

LMM PROPERTIES, Inc.
P.O. Box 904, Amherst, NY 14226

THIS SECTION TO BE COMPLETED BY THE ARCHITECTURAL COMMITTEE

ARCHITECTURAL COMMITTEE RECOMMENDATION: APPROVAL _____ DENIAL _____

Signed by: _____ Date: _____

BOARD APPROVAL: APPROVED subject to final inspection: _____

APPROVED with restrictions: _____

as noted in the _____ board meeting minutes. Signed by: _____

DENIED _____

as noted in the _____ board meeting minutes Signed by: _____

FINAL INSPECTION CONDUCTED ON: _____

Completed as approved? _____ Signed by: _____
