

ARCHITECTURAL CHANGE REQUEST
Dream's Landing Condominium

PART A – To be Completed By Unit Owner

Date of Request: _____ / Unit # _____

Name of Unit Owner: _____

Home Phone # _____ / Office # _____

Describe the change requested and materials to be used. Attach drawings, brochures, or other informative literature. Use additional pages if necessary.

Name of Contractor (if any): _____

MHIL# _____ :

Start Date: _____ /Completion Date: _____

Contractor's Insurance Company and Policy #:

Certification

I/We, as owners of the above unit in the Dreams Landing condominium, certify that all work shall be done in accordance with all applicable codes and ordinances (by licensed and insured contractors, if any) at the undersigned's sole cost and expense; that I/We will protect and hold the condominium harmless from any and all liability whatsoever that may arise out of its approval of this request; that I/We will assume all responsibility and liability for the maintenance of the changes made; and that, if approved, the change(s) requested will be completed in accordance with the time schedule indicated above and as set forth in any conditions of approval stated in the approval.

Signature of unit Owner: _____

Signature of unit Owner: _____

PART B – To Be Completed By the Architectural Committee		
Date received by the Committee:		
Committee Recommendation:	Approve:	Disapprove:
Recommended Conditions of Approval:		
Recommended Reason(s) for Disapproval:		
Did the committee meet with the Unit owner(s):		
	Yes:	No:
Committee Comments:		
Signature of Committee Chairman:		Date:
PART C – Action by the Board of Directors		
Date:	Approved	Disapproved
Conditions of Approval:		
Reason(s) for Disapproval:		
This is to verify that the above request was acted on by the Board of Directors at its meeting on _____.		