

WILLOW WOOD CONDOMINIUM INC.
ARCHITECTURAL MODIFICATION REQUEST FORM

HOMEOWNER INFORMATION

NAME: _____
UNIT ADDRESS: _____ UNIT # _____
HOME # _____ CELL # _____ WORK # _____
EMAIL ADDRESS: _____
NAME OF CONTRACTOR _____ LICENSE # _____

MODIFICATION INFORMATION (IF ADDITIONAL INFORMATION IS NEEDED, ATTACH SEPARATE PIECES OF PAPER) MODIFICATION

DESCRIPTION _____
LOCATION _____
HEAT PUMP _____ WINDOWS _____ SLIDING DOORS _____
DIMENSION (IF APPLICABLE) _____
CONSTRUCTION MATERIAL (IF APPLICABLE) _____

DOCUMENTS:

- PICTURE OR BROCHURE
- COPY OF CONTRACTORS PROPOSAL
- MANUFACTURERS BROCHURE AND SPECIFICATIONS
- SAMPLE OF CONTRACTOR'S CERTIFICATE OF INSURANCE
- DRAWING OF MODIFICATION SHOWING LOCATION AND DIMENSIONS (IF APPLICABLE).

Color, style and design must conform with Willow Wood Community rules and by laws. For all new Split System Heat Pump applications, a one-time fee of **\$750.00** is required by the Board of Directors and is due when submitting the application. This fee is to help offset the architectural preparation costs. The undersigned agrees that no work on this request shall commence until written approval has been received.

I [We] acknowledge and agree that I [we] will be solely liable for any claims, including and without limitation, for property damage or personal injury, which result from the requested modification. I hereby indemnify the Homeowners Association from, and against, any and all such claims. I [We] understand and acknowledge that I [we] am [are] responsible for compiling with all applicable building codes and ordinances and for obtaining all necessary permits and inspections for the requested modification and further, that I [we] am [are] responsible for all maintenance, repair and upkeep of said modification.

YOUR REQUEST WILL ONLY BE SUBMITTED FOR CONSIDERATION IF ALL DOCUMENTATION HAS BEEN SUBMITTED PROPERLY. REQUESTS ARE VIEWED BY THE BOARD OR ARCHITECTURAL COMMITTEE. **REVIEW AND APPROVAL MAY TAKE UP TO 60 DAYS.** MISSING OR INCORRECT DOCUMENTATION WILL DELAY THE APPROVAL PROCESS.

IF THIS ALTERATION IS APPROVED, I ACCEPT FULL RESPONSABILITY FOR ALL OF THE UPKEEP OF THE ALTERED AREA AND AGREE TO MAINTAIN IT IN SAFE CONDITION. I UNDERSTAND THE ALTERATION MUST BE PERFORMED WITHIN THE SAME YEAR OF APPROVAL, OTHERWISE APPROVAL IS VOID.

HOMEOWNER SIGNATURE: _____ DATE: _____

REQUIRED FOR PROCESSING
PLEASE SEND COMPLETED FORMS AND ANY ATTACHEMENTS VIA:
MAIL: MANAGEMENT OFFICE
7911 CORIANDER DR. 20879
EMAIL: willowwood.mgr@outlook.com

FOR OFFICE USE ONLY

ASSOCIATION DUES: CURRENT _____ NOT CURRENT _____
RECEIVED BY: _____ DATE: _____
BOARD APPROVAL: _____ DATE: _____
REASON FOR DISAPPROVAL: _____