Residential Property Management

Project Approval Form

Homeowner's Association: _____

Homeowner's Name:_____

Address: _____

Phone #:_____ Email Address: _____

Date Submitted:_____ Project Completion Date: _____

Project completed by: Licensed Contractor_____ Homeowner/Self_____

Contractor's Name:_____Contractor's Phone #:_____

Detailed explanation of proposed project, including dimensions (length, width, height), location on property, setback allowance to property lines and/or lot-specific drawing that shows location of proposed addition, materials, and a copy of applicable design prints/photos, sketches:

_____
_____
_____
_____
_____
_____
_____

I understand that under Association's Covenants/Bylaws, the HOA Design Review Committee will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the HOA Board of Directors.
2. All work will be done expeditiously once commenced and will be done in a good workman-like manner.
3. All work will be performed at a time and in a manner to minimize interference and inconvenience to other homeowners.
4. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
5. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws, codes, regulations, and requirements in connection with this project. I understand and agree that the HOA and its Board of Directors have no responsibility with respect to such compliance and that approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.

Signature of Homeowner(s): _____

_____

Date Project Form Received: _____

HOA DRC Comments:

_____
_____

Committee Approval: Yes_____   No _____

Signature of DRC Member:_____Date: _____

Please return the completed and signed forms to:

Residential Property Management

hoa@residentialpropertymgmt.com

Or PO Box 242 Towanda, KS 67144