

Architectural/Landscape Modification Request

** Use a Separate Form for Each Change Request*

Name	
Address	
Mailing Address (if different)	
Daytime Phone #	Evening Phone #
Proposed Improvement/Modification *Attach additional page(s) if required	
Signature	Date

NEIGHBOR ADVISEMENT

The Architectural Committee has determined that it is in your best interest to advise your neighbors of any proposed improvements and request that you have your adjacent neighbors sign where indicated below.

Neighbor's Signature	Neighbor's Address	Objection to Proposed Modification? Circle your Choice	
		YES	NO
		YES	NO
		YES	NO

Objections by neighbors do not mean disapproval by the Architectural Committee. The Committee will review objections when they consider the request.

SUBMITTAL

Copies of the following information must be attached to this form. Please review the CC&R's for additional requirements or restrictions

1. Complete description of modification with start and completion dates
2. Sketch showing location of proposed improvement with all dimensions
3. Complete description of materials being used
4. List all changes to building surfaces and/or common areas
5. Elevations of proposed improvements relating to existing dwelling

IF ANY OF THE ABOVE INFORMATION IS NOT INCLUDED, YOUR PLANS WILL BE RETURNED TO YOU WITHOUT PROCESSING

MAIL TO:

Property Management of Andover

PO Box 488

Andover, MA 01810

ARCHITECTURAL CONTROL COMMITTEE

Approved _____ Disapproved _____

Conditions of Approval or Reasons for Disapproval: _____

Signature

Date

I DO, BY MY SIGNATURE, UNDERSTAND AND AGREE TO THE FOLLOWING:

1. That I assume total responsibility for the upkeep and maintenance of all modification(s) made in the area. I also acknowledge that obtaining insurance for the improvement is my responsibility.
2. That the modification(s) will not in any way hinder yard care or any other Association maintenance responsibility.
3. That I will accept total responsibility for any damage to person or property that may be caused by this modification(s).
4. That the Homeowners Association reserves the right to require removal or repair of the modification at my own expense if: a) the modification is not constructed or installed as per specifications submitted for approval with this form; b) the modification is not maintained in a safe condition; or c) the modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
5. I certify that I have read and agree to follow the rules and regulations pertaining to architectural control and review and/or condominium documents (if applicable).
6. This document will become part of the Homeowners contract and must be complied with by any succeeding owners.

Date of Request

Homeowner Address

Signature of Homeowner