Palisades Association Inc. Application for Architectural Change

COMPLETE AND DELIVER TO A BOARD MEMBER.

GO TO <u>www.palisadesassn.org</u> for a list of current board members

DATE			
Applicant Name:	Phone: (Home):	(Work):	
Applicant Name:	Phone: (Home):	(Work):	
Property Address(s):			
Email			
(Joint application required for shared fence))		

I. Description (Please print or type)

Please use area below to briefly describe all proposed improvements, alterations or changes to your lot or home. If applicable, show location of items on your property. Include details of colors, measurements, materials, or other pertinent information. Attach any details (e.g., sketches, drawings, clippings, pictures, catalog illustrations and other data) as appropriate:

Proceed to page 2, acknowledgements and signatures

NOTE: If you want a signed application for your personal records, a second complete copy of the application and attachments must be provided. The original application and attachments will be retained in the Association files.

II. Owner's Acknowledgements

I understand and agree to the following:

- 1. All work will be done at my expense and all future upkeep will remain at my expense.
- 2. All work will be done expeditiously once commenced and will be done in a good workmanlike manner by myself or my contractor.
- 3. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners
- 4. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
- 5. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work. 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 work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Palisades Association, Inc. Board of Directors, and its agents have no responsibility with respect to such compliance and that the Board of Directors' 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.

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5. The contractor			
is:	Phone: and would		
be completed by	diate neighbors of this proposed change.		
APPLICANT SIGNATURE:			
APPLICANT SIGNATURE:			
For Board Use Only:	Date received:		
☐ Approve ☐ Disapprove (Signature)	Date:		
☐ Approve ☐ Disapprove (Signature)	Date:		
☐ Approve ☐ Disapprove (Signature)	Date:		
☐ Approve ☐ Disapprove (Signature)	Date:		
President: (Board decision)			
Approved (Signature):	Date:		
Disapproved (Signature):	Date:		
COMMENTS (Restrictions, additional requirement	nts, reasons for disapproval):		