

**LAKEWOOD ORCHARD HOMEOWNERS ASSOCIATION**  
**ALTERATIONS & ADDITIONS APPLICATION**

HOMEOWNER\_\_\_\_\_DATE:\_\_\_\_\_

ADDRESS\_\_\_\_\_PHONE\_\_\_\_\_

DESCRIPTION OF IMPROVEMENT:\_\_\_\_\_

DIMENSIONS:\_\_\_\_\_CONTRACTOR:\_\_\_\_\_

APPROXIMATE COST:\_\_\_\_\_

**\*\*\*NOTE\*\*\***

**PLEASE BE SURE THIS ADDITION CONFORMS WITH ANY REQUIREMENTS SET FORTH BY THE VILLAGE, COUNTY, STATE ETC. AND THAT ANY NECESSARY PERMITS HAVE BEEN OBTAINED PRIOR TO INSTALLATION**

- A SKETCH OF ALL IMPROVEMENTS MUST BE ATTACHED TO THE APPLICATION TO SHOW LOCATION AND DIMENSION RELATIVE TO EXISTING STRUCTURES.
- ALONG WITH THE SKETCH A PLAT OF SURVEY OF YOUR LOT IS ALSO NEEDED.
- CERTIFICATE OF INSURANCE IS NEEDED FROM THE PERSONS DOING THE WORK NAMING LAKEWOOD ORCHARD AND PREMIER RESIDENTIAL MANAGEMENT AS ADDITIONALLY INSURED.
- THIS APPLICATION IS ONLY VALID FOR SIX MONTHS FROM THE TIME IT IS FILLED OUT.
- AS OF THE APPROVAL DATE OF THIS ALTERATION, I ACCEPT FULL RESPONSIBILITY FOR THE ALTERED AREA AND WILL MAINTAIN IT IN A SAFE AND PRESENTABLE CONDITION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

**FOR INTERNAL USE ONLY**

DATE RECEIVED:\_\_\_\_\_BY\_\_\_\_\_

DATE APPROVED\_\_\_\_\_BY\_\_\_\_\_

REASON FOR DISAPPROVAL\_\_\_\_\_

**PLEASE RETURN TO:**

Lakewood Orchard Homeowners Association  
Attn: Arc Review  
4180 Route 83; Suite 14  
Long Grove, IL 60047  
Phone: 847-415-2540  
Fax: 847-415-2541