

***LAKWOOD 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 LAKWOOD 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

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**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