LAKEWOOD ORCHARD HOMEOWNERS ASSOCIATION
ARCHITECTURAL REVIEW (ARC) APPLICATION
SUBMIT APPLICATION TO: PREMIER RESIDENTIAL MANAGEMENT COMPANY
4180 ROUTE 83, Suite 14
Long Grove, IL 60047
Email: customerservice@premierresmgt.com   Office: (847) 415-2540 Fax: (847) 415-2541

Name _____

Property Address _____City_____ State_____ ZIP_____

Email: _____

Description of improvement: _____

_____

Phone(s) Home/Cell _____

NOTE
Please be sure this addition conforms with any requirements set forth by the Village of Round Lake, County (Lake) and State of Illinois, and that any necessary **PERMITS** have been obtained prior to installation.

In accordance with the Declaration of Covenants, Conditions and Restrictions, and the Association's Rules and Regulations, installation must conform to this approval and the Association's guidelines. I hereby request your consent to make the following changes, alterations, and/or renovations to my property:

(   ) Fence   (   ) Patio   (   ) Roof   (   ) Exterior Color   (   ) Screen enclosure/addition

(   ) Pergola   (   ) Driveway replacement   (   ) Landscape Replacement   (   ) Other:_____

***   Application submitted without the following will be considered incomplete.
- Attach a copy of the plat of survey, and a sketch of all the improvements made to the property and location.
- A copy of the contract from the vendor and the vendor's certificate of insurance. The insurance certificate must label Lakewood Orchard Homeowner's Association and Premier Residential Management Company as additionally insured.
- Application is only valid for six (6) months from the time of submission and approval.
- As of the approval date of this alteration, I accept full responsibility for the alteration and will maintain it in a safe and presentable condition.
- All work will be done expeditiously once commenced and will be done in a professional manner by a licensed contractor or myself.

Signature of Owner: _____Date:_____

INTERNAL USE ONLY
This application is hereby   (   ) Approved   (   ) Disapproved
Date Received: _____ By _____
Date Approved: _____ By_____
Reason for Disapproval: _____