



**WATERFORD II HOMEOWNERS ASSOCIATION
ARCHITECTURAL MODIFICATION REQUEST FORM**

ANY CHANGES TO THE OUTSIDE OF A HOME OR LOT REQUIRES PRIOR APPROVAL. PLEASE SUBMIT THIS FORM PRIOR TO STARTING ANY EXTERIOR MODIFICATION.

This document will become part of the Homeowners contract and any succeeding homeowners must comply with this modification.

I, _____ do hereby request permission to make the following modification to my home at (address) _____
Phone Contact: _____
Email: _____
Description: _____

Please attach the following as applicable:

1. Plot plan with proposed modification(s) to approximate scale with dimensions.
2. Complete description (photos/drawings) of construction design, materials (types and sizes), and colors.
3. Floor plan, elevation, section drawing (i.e. footings).
4. Submit a copy of the LFUCG permit (if applicable) at the time the modification project begins.

I do, by my signature, understand and agree to the following:

1. That any applicable permits for the modification(s) will be obtained.
2. That any applicable permits for the modification(s) will be submitted to the Association when the project actually begins even after approval is given.
3. That I assume total responsibility for the upkeep and maintenance of all modifications made in the area. I also acknowledge that obtaining insurance for the improvement is my responsibility.
4. That the modification(s) will not in any way hinder yard care.
5. That I will accept total responsibility for any damage to person or property that may be caused by this modification(s).
6. That the Homeowners Association reserves the right to require removal or repair of the modification at my own expense if 1.) The modification is not constructed or installed as per specifications submitted for approval with this form; or 2.) The modification is not maintained in safe condition; or 3.) The modification is not maintained in keeping with the surrounding structures and is not satisfactory to the Board of Directors.
7. I certify that I have read and agree to follow the rules and regulations pertaining to achritectural control and review (if applicable).

Homeowner signature: _____
Date signed: _____

Please submit to: adkinspm@outlook.com This section reserved for completion by Management.

___ **APPROVED** by Board of Directors ___ **APPROVED** w/the following contingencies by Board of Directors:

___ **DISAPPROVED** by Board of Directors for the following reason(s): _____

Management Signature: _____ Date: _____

Adkins Property Management

**P. O. Box 54486
Lexington, KY 40555**

(859) 229-8345

**Email:
adkinspm@outlook.com**