 **WATERFORD II HOMEOWNER ASSOCIATION, INC.**

**ARCHITECTURAL MODIFICATION REQUEST FORM**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby request permission to make the following

modifications to my home at (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF REQUEST:

Please attach the following as applicable:

* Plot plan with proposed modification(s) to approximate scale with dimensions.
* Complete descriptions (photos/drawings) as to construction design, materials (type and sizes), and color/finish.
* Floor Plan, Elevation, Section drawing (i.e., footings)

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

* That any applicable county permits will be obtained.
* That I assume total responsibility for the upkeep and maintenance of all modification(s) made in the area. I also acknowledge that obtaining insurance for the improvement is my responsibility.
* That the modification(s) will not in any way hinder yard care.
* That I will accept total responsibility for any damage to person or property that may be caused by this modification(s)
* 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; 2.) The modifications are not maintained in safe condition; or 3.) The modifications are not maintained in keeping with the surrounding structures and are not satisfactory to the Board of Directors.
* I certify that I have read and agree to follow the rules and regulations pertaining to architectural control and review (if applicable)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Homeowner Signatures(s)

 **This section to be completed by Architectural Control Committee Only**

**\_\_\_\_\_\_\_\_\_\_\_ APPROVED BY Board of Directors**

**\_\_\_\_\_\_\_\_\_\_\_ APPROVED *with the following Contingencies* by Board of Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_ DISAPPROVED by Board of Directors *for the following reasons*:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



 **Alpha Association Management**

 870 Corporate Drive, Suite 402

 Lexington, KY 40503

 [www.alphahoa.com](http://www.alphahoa.com)

 general@alphahoa.com 859-214-0034