

Meadows Of Highland Homeowners Association

Dear Member:

Please find enclosed a copy of the **Meadows Of Highland Homeowners Association** application for Approval of Architectural Change.

Upon your completion of the application, please retain one copy of the completed form for your records and send one copy to the architectural chairperson, **Ellie Foster at 84 Bridle Path.**

The application will then be forwarded to the Architectural Control Committee for review, recommendation, and decision. Once the application is reviewed by the committee, one copy will be retained by the committee, one copy will be kept in your file at the Andruschat Office and the third copy will be sent back to you notifying you of the Committee's decision.

Please be sure that the form is completely filled out and returned with the proper supporting documents to avoid any delays.

If you should have any questions, or should require any further information, please feel free to contact me at 716-583-5180.

Sincerely,

Meadows Of Highland Homeowners Association



Edward M. Dzioba
Property Manager
Andruschat Real Estate Services, Inc.

ANDRUSCHAT REAL ESTATE SERVICES, INC. * P.O. BOX 448
Getzville, NEW YORK 14068-0448
(716) 688-4757

Meadows Of Highland Homeowners Association
Request for Architectural Change

DATE:
UNIT OWNER:
UNIT #:
PHONE NUMBER: HOME: _____ OFFICE: _____

NATURE OF PROPOSED ALTERATION OR ADDITION:

Starting Date: _____ Completion Date: _____

Work To Be Performed By:

TO BE COMPLETED BY THE CONTRACTOR OR PERSON DOING THE WORK.

Please supply the following information:

1. Name, address and phone number.
2. Liability insurance face sheet with expiration date.
3. Copies of blue prints or drawing done to scale showing plans, Elevations, and cross section, if applicable.
4. Specific materials list including brand and model when appropriate.

FOR THE HOMEOWNER: Please retain a copy for your records and send one copy of this application and all supporting paperwork to:

Meadows Of Highland Homeowners Association
ARCHITECTURAL STANDARDS COMMITTEE
84 Bridle Path
Orchard Park, New York 14127

A copy of this application will be forwarded to the Architectural Standards Committee for review, recommendation, and decision. One copy of the fully executed form will be retained by the architectural standards committee, the original copy will be sent to the property manager to be included in the Association Records and one copy will be sent back to the unit owner of record for their files. Please allow 30 to 60 days for processing. **OWNER MUST INFORM THE PROPERTY MANAGEMENT FIRM, IN WRITING, WHEN WORK HAS BEEN COMPLETED SO THAT A FINAL INSPECTION MAY BE MADE.**

The homeowner will be responsible for: All liability and the quality of construction; repair of any Association property damage during construction; maintenance, upkeep, and replacement (all work to be performed to the standards set by the Architectural Committee and the Board of Directors of any architectural change. Any subsequent homeowner will continue these responsibilities).

SIGNATURE OF HOMEOWNER: _____ DATE: _____

This section is to be completed by the Meadows Of Highland Homeowners Association Architectural Standards Committee.

_____ Approved subject to final inspection Approved with restrictions (See Attachment)

_____ Disapproved

SIGNED: _____ DATE: _____

Work must begin no later than 90 days after the approval date. Otherwise, the approval is automatically revoked and a new application request is required.

(THIS SECTION TO BE COMPLETED BY HOMEOWNER AFTER WORK HAS BEEN COMPLETED)

DATE: _____

UNIT OWNER:

ADDRESS:

PHONE NUMBER: HOME:

OFFICE:

PLEASE BE ADVISED THAT I HAVE COMPLETED THE WORK ASSOCIATED WITH MY RECENT APPROVAL TO (Owner To List Type Of Work That Has Been Completed):

HOMEOWNER: PLEASE RETURN FORM TO:

Meadows Of Highland Homeowners Association
Architectural Chairperson
84 Bridle Path, Orchard Park, NY 14127

(THIS SECTION TO BE FILLED OUT BY THE ARCHITECTURAL COMMITTEE CHAIRPERSON)

PLEASE TAKE NOTE: The Architectural Standards Committee has completed a final inspection of your approved architectural change, which has resulted in the following approval/denial.

_____ Approved - Project satisfactorily completed to the specifications that were previously submitted and subsequently approved by the Architectural Standards Committee.

_____ Denied - Final approval cannot be granted since the project was not completed within the time frame stated on the initial architectural change form.

_____ Denied - Project was unsatisfactorily completed. The following corrections must be made to bring your unit back into compliance. (See Below).

NOTES: _____

SIGNED: _____ DATE: _____

cc: Architectural Control Committee
Homeowner
Board of Directors

TO BE COMPLETED BY THE CONTRACTOR/PERSON DOING THE WORK.

CONTRACTOR NAME _____

CONTRACTOR
ADDRESS _____

CONTRACTOR
PHONE _____

Do you carry liability insurance?

AGENT; _____

INSURANCE CARRIER; _____

LIMITS; _____

Do you have workers compensation coverage?

_____ YES _____ NO

If available, contractors liability and workers comp. certificates should be attached.

Please provide a list of specific materials including brand and model when appropriate.

ALL BLUE PRINTS AND/OR DRAWINGS SHOULD BE ATTACHED TO THIS FORM.