

# LINDEN HEIGHTS TOWNHOMES ASSOCIATION

## *APPROVAL FORM FOR TOWNHOME CHANGES*

**Please return this form to either:**

The email address: [lindenheightsstl@gmail.com](mailto:lindenheightsstl@gmail.com) OR

Mail to the Post Office address: Linden Heights Townhomes Association  
P.O. Box 39362  
St. Louis, Missouri 63139

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPROVAL NEEDED WITHIN: \_\_\_\_\_ DAYS \_\_\_ ONE WEEK \_\_\_ IMMEDIATELY

### **ARCHITECTURAL/LANDSCAPING** - (CIRCLE ITEM/S THAT APPLY)

FRONT SCREEN PORCH  
PAINT FRONT DOOR  
GARAGE DOOR INSTALL  
SLIDING GLASS DOOR

FRONT PORCH  
DECK  
SHUTTERS  
SATELLITE DISH

LANDSCAPING  
BALCONY AWNING  
PATIO FENCE  
SOFFIT ENCLOSURE

DESCRIPTION OF REQUEST: PLEASE PROVIDE DIMENSIONS, COLOR, DRAWINGS, AND A PHOTO IF AVAILABLE. PLEASE REMEMBER THAT "APPROVED" COLORS AND STYLES ARE LOCATED IN THE LHTA "RULES AND REGULATIONS" WHICH ARE GIVEN OUT AT THE TIME OF PURCHASE AND ALSO AVAILABLE ON OUR WEBSITE: [www.lindenheightsstl.com](http://www.lindenheightsstl.com)

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\_\_\_\_\_ WORK WILL BE DONE BY OWNER

OR.....

\_\_\_\_\_ WORK WILL BE DONE BY A CONTRACTOR:

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

CONTRACTOR TELEPHONE: \_\_\_\_\_

CONTRACTOR EMAIL: \_\_\_\_\_

IF A CONTRACTOR IS SUPPLYING THE MATERIALS AND/OR LABOR, PLEASE REQUEST A COPY OF THE CONTRACTOR'S **"CERTIFICATE OF INSURANCE"** WHICH NEEDS TO INCLUDE WORKMEN'S COMPENSATION AND LIABILITY INSURANCE. THIS IS FOR YOUR PROTECTION AS A HOMEOWNER AS WELL AS THE ASSOCIATION'S.

ALSO, AT THE TIME YOU SUBMIT PAYMENT TO THE CONTRACTOR, PLEASE REQUEST A **"LIEN WAIVER"** FOR ALL MATERIALS AND LABOR. THIS TOO IS FOR YOUR PROTECTION AS A HOMEOWNER AS WELL AS THE ASSOCIATIONS.

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ BOARD DECLINES REQUEST

REASONS:

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\_\_\_\_\_

BOARD APPROVAL:

\_\_\_\_\_  
BOARD MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BOARD MEMBER SIGNATURE

\_\_\_\_\_  
DATE