

LONGMEADOW ESTATES II HOA
c/o Complete Management Solutions, Inc.
P.O. Box 2545 - Crystal Lake, IL 60039-2545

ARCHITECTURAL REQUEST

HOMEOWNER: _____ DATE: _____

ADDRESS: _____ PHONE: _____ EMAIL: _____

DESCRIPTION OF PROJECT: _____

STYLE: _____

LOCATION: _____

DEMENSIONS: _____

MATERIAL TO BE USED: _____

SUPPLIER/INSTALLER: _____

APPROXIMATE COST: _____

I/We understand the rules concerning the proposed improvement. I/We agree to abide by the rules set forth by the Board of Directors and will be responsible for the upkeep, maintenance and encroachment that this improvement may make on the community area. I further understand that I must advise the purchaser of my unit that by purchasing my unit he/she is responsible for the upkeep, maintenance and encroachment that this improvement may make on the community area. It is further understood that my assessment balance must be current for this application to be considered.

HOMEOWNER'S SIGNATURE _____ Date: _____

DATE RECEIVED: _____ BY: _____

DATE APPROVED: _____ DATE DISAPPROVED: _____

APPROVED BY: _____ DISAPPROVED BY: _____

REASON: _____

Complete Management Solutions, Inc,
P.O. Box 2545 – Crystal Lake, IL 60039-2545
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