

# NORTH POINT CONDOMINIUM ASSOCIATION

## APPLICATION FOR ARCHITECTURAL CHANGE

*The Declaration of Flexible Condominium (§6.2) requires that you submit to the North Point Condominium Association's Board of Directors, for approval, all proposed exterior additions, changes or alterations to your condominium and/or lot. In order to be considered, your application must include detailed information describing the proposed change (typically, plans and specifications including sketches, photos, catalog illustrations, etc. showing the nature, kind, shape, color, dimensions, and materials). Please be as thorough as possible, too little information may delay the review of your application. No additions, changes or alterations are to be started without the approval of the Board.*

***It is understood and agreed, any change of a landscaping area, patio enlargement or patio surface change, or approved plantings, or any architectural change will now be the responsibility of the owner. The owner agrees to maintain, repair, and replace all improvements at the owner's expense. In the event the owner sells the unit, it is the owner's responsibility to disclose this fact to a prospective buyer. If a buyer does not want the responsibility, the owner must return the property to its original condition at the owner's expense. A copy of this document will be provided to a realtor listing the condo for sale and will be attached to all future Certificates of Sale.***

|                 |                  |                              |
|-----------------|------------------|------------------------------|
| _____<br>Owners | _____<br>Address | _____<br>Date of Application |
|-----------------|------------------|------------------------------|

Briefly describe the proposed remodeling project:

---

---

---

---

Attach one copy of your plans which will remain with your application as a permanent record.

### Neighbors' Acknowledgements:

You are requested to obtain the signatures of the four (4) property owners who will be most affected by the proposed change. Signature by your neighbors indicates an awareness of your proposed change and ***does not*** constitute approval or disapproval on their part.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

Please provide the name and contact information of your contractor/vendor:

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contractor's Insurance Company, Policy #, and expiration date:

\_\_\_\_\_

What is your anticipated start date: \_\_\_\_\_

What is your completion date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval by Board of Directors  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disapproval by Board of Directors  
Authorized Signature

\_\_\_\_\_  
Date

Comments: (Restrictions, additional requirements, reason for disapproval)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail or Deliver to:  
North Point Condominium Association  
c/o Linda Cunningham, President  
4185 Trillium Lane.  
New Castle, PA 16105  
724-944-1567  
lcunningham4185@icloud.com