

The Township



INSTRUCTIONS FOR COMPLETING THE ARCHITECTURAL REVIEW COMMITTEE APPROVAL TO MODIFY PROPERTY FORM

1. Please consult the Architectural Review Manual for proper approval procedures.
2. As a condition precedent to granting any request for a change, alteration or addition, the applicant, his heirs and assigns, hereby assumes sole responsibility for the repair, maintenance or replacement of any such addition, alteration or change.
3. The applicant assumes all responsibility for any infringement on or interference with existing facilities and easements on the property.
4. Approval of this request does not constitute approval of the structural integrity of the requested modification, and is intended solely to maintain harmonious visual aesthetics within the community.
5. All applicable governmental permits or approvals must be obtained by the applicant and a copy furnished to the Architectural Review Committee before work is to begin.
6. *Complete all items* requesting information. *Sign where required.*
7. **TWO COMPLETE SETS OF PLANS AND SPECIFICATIONS PREPARED BY AN ARCHITECT, LANDSCAPE ARCHITECT, ENGINEER OR OTHER QUALIFIED PERSON SHALL BE ATTACHED TO THIS APPLICATION.**
8. **INFORMATION CONTAINED IN THESE PLANS AND SPECIFICATIONS MUST SHOW THE NATURE, KIND, SHAPE, HEIGHT, MATERIALS, COLOR SCHEME AND LOCATION OF THE REQUESTED CHANGE OR ALTERATION, DEPENDING ON THE TYPE OF MODIFICATION REQUESTED. DRAWING OF APPLIED FOR ALTERATION ATTACHED**
(Application will not be processed without attached drawing)
9. Association president or authorized officer must sign form before submitting to TCMA.
10. An approval or denial will be delivered within 30 days after request is received.
11. All work must be completed within 90 days of date of TCMA approval.

The Township

REQUEST TO ARCHITECTURAL REVIEW COMMITTEE FOR APPROVAL TO MODIFY PROPERTY TO BE FILLED IN BY APPLICANT (PLEASE PRINT LEGIBLY)

Application Number

DATE OF REQUEST _____ NAME OF ASSOCIATION _____
 NAME OF APPLICANT (OWNER) _____
 TOWNSHIP ADDRESS _____
 MAILING ADDRESS _____
 PHONE NUMBER () _____ UNIT NUMBER _____

PLEASE CHECK
APPROPRIATE
INFORMATION

CONDO

Home
Owners

Association
Application

MODEL TYPE

GARDEN TERRACE

TOWNHOUSE

ATRIUM VILLA

MIDRISE

SINGLE FAMILY HOME

For Office Use Only

In accordance with the requirements of Article VIII of the Declaration of Covenants, Conditions and Restrictions of the Township (Master Association Document) and / or the requirements of the Sub-Association to which I belong, I hereby request approval for the following modification: (Describe here the modification requested)

Applicant's Signature _____ Date _____

ASSOCIATION ACTION TAKEN

Your request is _____ APPROVED _____ DISAPPROVED _____

BY:

Date: _____

Association Authorization

Phone # _____

T.C.M.A. ACTION TAKEN

Your request is _____ APPROVED _____ DISAPPROVED _____

APPROVED:

Date: _____

ASSOCIATION	WORK COMPLETED	DATE _____
INSPECTION	APPROVED BY:	

SATELLITE ANTENNA DISH INSTALLATION

THIS APPROVAL IS PREDICATED ON THE UNDERSTANDING THAT THE UNIT OWNER HAS READ AND UNDERSTANDS THE GUIDELINES OF THE TOWNSHIP COMMUNITY MASTER ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE STANDARDS COVERING THE INSTALLATION OF SATELLITE ANTENNA DISHES.

THE UNIT OWNER UNDERSTANDS THAT APPROVAL IS CONFERRED ON THE STRENGTH OF THIS APPLICATION ALONE.

IF INFORMATION WHICH SHOULD HAVE BEEN INCLUDED IN THIS APPLICATION AND WOULD HAVE PRECLUDED THE APPROVAL OF THE INSTALLATION OF THE SATELLITE ANTENNA DISH COMES TO LIGHT AT A LATER DATE, IT WILL BE THE UNIT OWNER'S RESPONSIBILITY ALONE TO RECTIFY THE INSTALLATION. THE INSTALLATION MUST COMPLY WITH TOWNSHIP COMMUNITY MASTER ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE STANDARDS.

CORRECTING THE INSTALLATION TO COMPLY WITH TOWNSHIP COMMUNITY MASTER ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE STANDARDS WILL BE AT THE OWNER'S EXPENSE AND MAY INCLUDE THE RELOCATION AND/OR REMOVAL OF THE SATELLITE ANTENNA DISH. APPROVAL OF THE TOWNSHIP COMMUNITY MASTER ASSOCIATION ARCHITECTURAL REVIEW COMMITTEE WILL BE REQUIRED AFTER APPROPRIATE REMEDIAL ACTION IS TAKEN.

YOU MUST SUBMIT A DRAWING OF YOUR MODIFICATION ON AN ADDITIONAL SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION