HAVERFORD HOMEOWNERS ASSOCIATION ALTERATIONS AND ADDITIONS

NAME:	DATE:
ADDRESS:	
HOME PHONE:	WORK PHONE:
NATURE OF IMPROVEMENT:	
COLOR (IF APPLICABLE):	
LOCATION:	
DIMENSIONS:	
CONSTRUCTION MATERIAL:	
SUPPLIER:	
BOARD OF DIRECTORS, AS ADDITHE START OF WORK . YOU WITHE ASSOCIATION.	DF INSURANCE NAMING THE ASSOCIATION, AND ITIONALLY INSURED MUST BE SUBMITTED PRIOR TO LL ALSO NEED TO SEND A COPY OF THE PERMIT TO ITEMS A DECISION WILL BE DELAYED.
maintenance and encroachment that this understand that I must advise the purch the upkeep, maintenance and encroach	the Association and accept full responsibility for all upkeep, s improvement may make on the community area. I further aser of my unit, that by purchasing my unit, he/she is responsible foment that this improvement may make on the community area. Date:
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(For Office Use Only)	
Date Received:	Received By:
Date Approved:	Date Disapproved:
Approved By:	Disapproved By: Reason Disapproved:
Final Inspection By:	Reason Disapproved.
	TO THE REPORT OF THE PROPERTY

THE OWNER HAS 90 DAYS TO COMPLETE THE ABOVE REQUEST. IF THE PROJECT IS NOT COMPLETED, THE OWNER MUST RESUBMIT THE ALTERATIONS AND ADDITIONS APPLICATION. THE OWNER MUST NOTIFY MANAGEMENT OF THE COMPLETION DATE.

Mail Application: HAVERFORD HOMEOWNERS ASSOCIATION, C/o Foster Premier Inc., 750 W. Lake Cook Road, Suite 190, Buffalo Grove, IL 60089, Attn: Kathy Kreutter or Fax Application: 847-459-1240 Attn: Kathy Kreutter