

LAKEWOOD GROVE HOMEOWNERS ASSOCIATION ALTERATION AND ADDITIONS APPLICATION

DATE: _____

HOMEOWNER NAME: _____

HOME ADDRESS: _____

HOME NUMBER: _____ WORK PHONE: _____

CELL NUMBER: _____ EMAIL: _____

NATURE OF IMPROVEMENT: _____

COLOR (IF APPLICABLE): _____

LOCATION: _____

DIMENSIONS: _____

CONSTRUCTION MATERIAL: _____

CONTRACTOR: _____

- **(Copy of Certificate of Insurance Required)**

SUPPLIER: _____

- **A DRAWING OF ALL IMPROVEMENTS MUST BE SUBMITTED AND ATTACHED TO THE APPLICATION TO SHOW LOCATION AND DIMENSIONS.**
- **INCLUDE A COPY OF YOUR PLAT OF SURVEY FOR YOUR PROPERTY SHOWING THE LOCATION OF THE PROPOSED IMPROVEMENT.**

NOTE: WITHOUT THESE ITEMS A DECISION WILL BE DELAYED

I agree to abide by the rules set forth by the Architecture Review Committee and accept full responsibility for all upkeep, maintenance and encroachment that this improvement may make on the community area. I further understand the purchaser of my unit that by purchasing my unit that he/she is responsible for the upkeep, maintenance and encroachment that this improvement may make on the community area.

Homeowners

Signature: _____ Date: _____

Please forward to:

Heil, Heil, Smart & Golee

5215 Old Orchard Rd, Ste 300

Skokie, IL 60077

Attn: HSD

(847) 866-7400 Phone

(847) 733-2690 Fax