

**ERIE VILLAGE HOMEOWNERS ASSOCIATION, LTD REQUEST FOR
ARCHITECTURAL CHANGE TO UNIT**

Instructions: Please fill out completely and either:

1. Mail to EVHOA Architectural Control Committee
5900 N. Burdick Street, Suite 110
East Syracuse, NY 13057
2. Drop off at either 337 Summerhaven N. or 334 Summerhaven N.

Homeowner's Name: _____

Principal Address: _____

Unit Number to be modified: _____

Home/Business Phone: _____

Contact Hours: _____

NATURE OF CHANGE OR MODIFICATION REQUESTED:

(If appropriate, attach a detailed sketch to show where work is to be performed.)

If the modification is a manufactured product (i.e. storm door, gutters, etc.) fill out the following information:

Name of Product: _____ Manufacturer: _____

Model Number: _____ Material and Color: _____

Supplier Name: _____ Warranty Information: _____

Who will perform the installation: ☐ Homeowner ☐ Contractor*

* If contractor checked, please complete the following additional information.

Contractor Name: _____ Phone No.: _____

Contractor Address: _____

(Attach a copy of contractor's estimate and installation information for modifications.)

NOTE: The EVHOA requires that all contractors working in common areas be insured and that a **Certificate of Insurance** be obtained prior to work commencing. If the form is not properly completed, the request for the Architectural Change will be denied and the form will be returned delaying action to approve the request.**

****On the bottom left corner of the Certificate of Insurance (ACORD 25), the following MUST be in the "Certificate Holder" box:**

Erie Village Homeowners Association

5900 N. Burdick St

East Syracuse, NY 13057

It is requested that modifications that will have any visual or other impact on your neighbors be discussed with them and that signatures be obtained from them indicating that they are in agreement with the modifications. If you have been contacted about any concerns that need to be resolved, please include them with your request.

I, the undersigned, state that the above information is a true and accurate representation of the modification that I am requesting, and if approved, such work will be carried out in accordance with the EVHOA Offering Plan and all applicable zoning regulations of the Town of Manlius. I also understand that I will be responsible for all maintenance and upkeep of the proposed modifications.

Homeowner's Signature: _____ Date: _____

- ☐ Approval Granted
- ☐ Approval Granted Subject To Conditions Described Below
- ☐ Approval Denied

Approved By: _____ Title: _____

Date: _____

This Architectural Request expires 90 days after Approval Date

Neighbor Signatures

I (We) have no objections to the Architectural Changes to Unit Number _____
requested by _____

| <u>Name</u> | <u>Signature</u> | <u>Unit Number</u> |
|-------------|------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |