ATRIUM TOWNHOME ASSOCIATION
ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM

DATE OF APPLICATION: _____

UNIT OWNER: _____

ADDRESS: _____

WORK PHONE #: _____ HOME PHONE #: _____

EMAIL ADDRESS: _____

NATURE OF IMPROVEMENT:

_____

_____

LOCATION (I.E. SIDE, FRONT OR REAR OF HOME): _____

DIMENSION (IF APPLICABLE): _____

CONSTRUCTION MATERIAL (IF APPLICABLE): _____

_____

INSTALLER/CONTRACTOR (IF APPLICABLE): _____

A REPRESENTATIVE DRAWING OF ALL PROPOSED IMPROVEMENTS MUST BE ATTACHED TO SHOW LOCATION AND DIMENSIONS. THE CONTRACTORS CERTIFICATE OF INSURANCE MUST ALSO BE SUBMITTED. PROPER PERMITS AND APPROVAL FROM THE MASTER ASSOCIATION MUST BE OBTAINED BY THE HOMEOWNER PRIOR TO BEGINNING ANY MODIFICATIONS.

AS OF THE APPROVAL DATE OF THIS ALTERATION, I ACCEPT FULL RESPONSIBILITY FOR ALL OF THE MAINTNENCE AND UPKEEP OF THE ALTERED AREA AND AGREE TO MAINTAIN IT IN A SAFE CONDITION. THE ASSOCIATION WILL TAKE NO RESPONSIBILITY FOR DAMAGE OR MAINTENANCE. I WILL OBTAIN PROPER PERMITS. ALL FUTURE MAINTENANCE AND REPAIRS REQUIRED TO MAINTAIN THIS ADDITION ARE THE RESPONSIBILITY OF THE UNIT OWNER. THE INSTALLING OWNER MUST NOTIFY ANY POTENTIAL PURCHASERS OF THIS ADDITION.

_____ _____

SIGNATURE OF HOME OWNER DATE OF SUBMISSION

FOR OFFICE USE ONLY:

RECEIVED BY: _____ APPROVED BY: _____

DATE RCVD: _____ DATE APVD: _____

REASON FOR DISAPPROVAL: _____

_____

PLEASE RETURN APPLICATION TO: ATRIUM TOWNHOME ASSOCIATION
C/O ASSOCIA CHICAGOLAND
50 E. COMMERCE DR., STE. 110; SCHAUMBURG, IL 60173
VIA FACSIMILE TO: (847) 490-9807 VIA EMAIL: HELPMECHICAGOLAND@ASSOCIA.US