

CROSS CREEK HOA, INC
c/o Crofton Perdue Associates, Inc, 111 Marsh Road-Suite 1, Pittsford, NY 14534
This form can be electronically submitted online: www.croftoninc.com
APPLICATION FOR APPROVAL OF ARCHITECTURAL CHANGE

DATE: _____ Unit #: _____

OWNER: _____

PHONE: HOME: _____ WORK: _____

NATURE OF PROPOSED ALTERATION OR ADDITION:

PROPOSED STARTING DATE: _____ PROPOSED COMPLETION DATE: _____

WORK TO BE PERFORMED BY: _____

LIST OF MATERIALS TO BE USED (be specific):

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FOR THE CONTRACTOR OR PERSON DOING THE WORK:

Please supply the following information:

1. Name, address and phone number
2. Liability insurance face sheet with expiration date
3. Copies of blue prints or drawings done to scale showing plans, elevations, and cross section
4. Specific materials list including brand and model when appropriate. (The Architectural Standards Committee may supply you with the third and fourth items, through the homeowner.)

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FOR THE HOMEOWNER:

The homeowner understands he/she will be responsible for the quality of construction; repair of any Association property damage during construction/installation; maintenance, upkeep, and replacement (up to the standards set by the Board of Managers) of any architectural change. Upon the sale of your unit, the seller must provide the Board with written approval from the purchaser that they will maintain any landscaping additions or the seller must return the area to its original condition before closing. Accordingly, the purchaser also inherits the responsibility to maintain any installed satellite dish as well as becomes responsible for any damage due to installation or removal thereof; as well as any damage to any common area during the operational life of the dish. As part of the approval for the indicated Architectural change Application, Owner is advised that the underground utility line serving the unit (electricity, water, gas, telephone, cable, et.) is the responsibility of the unit owner in the case of any damage, severing, relocation, movement, or other action causing a service disruption to any unit. All cost associated with such repair or replacement is exclusive responsibility of the unit owner. The association assumes no responsibility for repairs and shall be held harmless.

X SIGNATURE OF HOMEOWNER: _____ **DATE:** _____

This application will be forwarded to the ARCHITECTURAL STANDARDS COMMITTEE for preliminary review and recommendation and then submitted to the Board of Managers for final review and decision. **Please allow up to 60 days for processing.**

PLEASE SEND THIS COMPLETED APPLICATION AND ALL SUPPORTING PAPERWORK TO:

CROSS CREEK HOA, INC
c/o Crofton Perdue, 111 Marsh Road – Suite 1
Pittsford, NY 14534

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THIS SECTION TO BE COMPLETED BY THE ASSOCIATION BOARD

The Above Application is:

- Approved Subject to final inspection
- Approved with restrictions (See Attachment)
- Disapproved

Signed: _____ Date: _____

LATEST COMPLETION DATE FOLLOWING WHICH ANY APPROVAL GRANTED ABOVE IS AUTOMATICALLY REVOKED IS: _____.

FINAL INSPECTION CONDUCTED ON: _____

APPROVED

BY: _____