



Village at Beckett Ridge Condominium Association

HOMOWNER IMPROVEMENT APPLICATION

Please Print

Owner's Name _____ **Building #** _____

Unit Number _____ **Home Phone** _____ **Work Phone** _____

DETAILED DESCRIPTION OF REQUESTED PROJECT (use extra sheet if necessary):

Material _____ **Color** _____

Supplier _____ **Dimensions** _____

Cost _____

- ** Window Replacements must be “**WHITE**” in color, all Garage doors must be color matched.
- ** This application must be submitted “**NO**” later than 10 days before the current months scheduled Board Meeting to be considered at the Board Meeting

A detailed description and/or drawing of the proposed project and all pertinent additional information **MUST** be submitted with this form showing exact intention, location, specifications and dimensions. I understand the submittal and review process of the Architectural Project Application and Waiver. I fully understand that the Board of Trustees, upon review of all information submitted, will make the final decision regarding this request, and that no work is to commence until I receive a copy of this form with the appropriate approval signature. I hereby acknowledge that the installation of this alteration and the permanent maintenance thereof, is my sole responsibility. I understand that upon completion of the project the Board of Trustees will inspect for final approval. I further understand that any collateral damage that may occur during the installation of this alteration is my sole responsibility to repair or replace, as determined by the Board of Trustees.

In addition, I understand that upon any transfer of title to my property, it will be my sole responsibility

to notify my successor and/or assigns in title of their responsibility to maintain the aforementioned installation. I understand that if a Building Permit is required for this project, it is my responsibility to acquire. The project cannot commence until the Permit is supplied to the Board. If contracting this project, proof of personal liability insurance, damage liability insurance, and worker's compensation for all employees must be provided.

Upon completion of this project, I will notify the Board of Trustees, for final inspection and approval.

Signature

Date

Mail to: Village at Beckett Ridge Association, c/o Towne Properties Asset Management Co.,
11840C Kempersprings Drive, Cincinnati, OH 45240 (513-874-3737; Fax 513-874-6731)

FOR BOARD USE ONLY

Received By _____ Date _____

Approved ___ Disapproved ___ By _____ Date _____

Final Inspection:

Approved/ Disapproved By _____ Date _____