



HOA Architectural Change Request

Cyndi Strandberg, Owner # 24111 NE Halsey Street, Suite 203, Troutdale, OR 97060 # 971-258-4799

I would like approval for the following addition or modification to my home/unit:

- Exterior Paint Color(s) (attach color chips for body and trim)
Landscape Modification (attach Landscape Plan)
Fence (attach Building Plan)
Awning (attach description and picture) Location:
Patio/Deck (attach Building Plan)
Storm/Security Door
Water Feature Describe:
Other Describe:

Attached (as applicable)

- Building Plan
Site Plan
Building Permit
Electrical Permit
Plumbing Permit
Landscape Plan
Brochure describing installation and/or material
Copy of Contractor's General Liability Insurance Certificate
Copy of Contractor's Workman's Compensation Insurance Certificate
Contractor's State License # (if required):
Other:
Other:

Desired Start Date:

Expected Completion Date:

Conditions for Review and Approval

- 1. All installations must be of professional design, quality and material.
2. All installations must comply with conditions described in the Architectural Design Policy
3. All installations must comply with local building codes and ordinances.
4. Installations requiring a Building Permit must have building plans, required permits and Contractor Agreement attached, if applicable.

EPM HOA Architectural Change Form



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5. All contractors used must be properly licensed, bonded and insured.
6. Undersigned is responsible for including all appropriate information with application. Failure to do so will delay the review until it is provided.
7. Construction work which creates noise may only take place Monday-Friday from 8 am to 5 pm.
8. Owner/Contractor is responsible for daily clean-up.
9. No work may commence without written approval of the Architectural Design Committee.
10. Requests require 10 business days for review.

I agree with to all Conditions for Review and Approval. I understand that I am responsible for all maintenance and repair of the requested addition/modification and such responsibility will be passed on to future owners of my property. I request that the Architectural Design Committee review and approve my application.

Name: _____ Email _____

Address: _____

Phone (Home) _____ Phone (Work) _____

Date: _____

Signature: _____

Print Name: _____

FOR COMMITTEE USE ONLY

Date: _____

Approved by: _____

Denied by: _____

Reason(s) for Denial: _____

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