

## Architectural Request Form for Franklin Village

Submitted by \_\_\_\_\_ Unit #: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Type of Change or Addition: (Reference current Architectural Guidelines)</b>	<b>Page #</b> Ex. 3	<b>Number</b> 2	<b>Letter</b> H	<b>Roman #</b> If needed

**Describe Below Work to be done:** \_\_\_\_\_

\*No work may begin until notice of approval is received. Approval is valid for 180 days after the date of approval. If work is postponed or changed in any way, a new approval must be obtained.

<b><u>Contractor</u></b> PA State Reg #: Valid Until:	<b><u>Printed Name</u></b>	<b><u>Address</u></b>	<b><u>Phone #</u></b>
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Contractor is responsible for any damage to the Homeowner's property or Common Areas and must submit a Certificate of insurance before work begins. It is the responsibility of the Homeowner to obtain a copy of this certificate and attach it to this request BEFORE submitting it to the Architectural Committee for approval. Contractor will keep all equipment on paved areas unless special permission is granted through Architectural Committee and Managing Agent.

<p><b>AS OWNERS OF UNIT # _____, I agree to be totally responsible for the entire installation, maintenance, and upkeep (replacement, insurance, etc.) of the above change/addition, if approved as stipulated above. This agreement will be made part of any agreement of sale that I/we may enter into for the unit described above.</b></p> <p style="text-align: center;"><b>Homeowner</b></p> <p><b>Date:</b> _____</p> <p style="text-align: center;"><b>Signature(s)</b></p>
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<b>NEIGHBOR ACKNOWLEDGEMENTS:</b>	<b>(Please check one)</b>
	<b>Agree    Disagree</b>
(1) _____	Unit # _____
(2) _____	Unit # _____
(3) _____	Unit # _____

Any Homeowner wishing to comment on the request may do so in writing, forwarding comments to both the chairperson of the Architectural Committee and/or the Managing Agent, as soon as possible.

<b>COMMITTEE RECOMMENDATIONS:</b>	<b>COUNCIL DISPOSITION:</b>
Approved: Yes _____ No _____ Initials: _____	Approved: Yes _____ No _____
Reason: _____	Reason: _____
Contractors Certificate of Insurance Received:	
Yes _____ No _____	

Date Received by Agent: _____		
<b>Final Committee Inspection:</b>	<b>Approval:</b>	<b>Date:</b>