



Briargate Owners Association

briargatehoa.com

Architectural Change Review

Name _____ Phone _____

Unit Number _____ Proposed Dates of Construction _____

TYPE OF IMPROVEMENT

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Exterior Change | <input type="checkbox"/> Drill P.T. Slab | <input type="checkbox"/> Hard Surface Flooring | <input type="checkbox"/> Common/Limited
Common Element
Change |
| <input type="checkbox"/> Awnings/Signage | <input type="checkbox"/> Structural | <input type="checkbox"/> Common Bldg System | <input type="checkbox"/> Other |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Satellite Dish | <input type="checkbox"/> Patio/Deck Change | |
| <input type="checkbox"/> Notification of Extended Construction/Remodeling (more than 3 days, No Architectural Review Required) | | | |

DESCRIPTION OF IMPROVEMENT

(describe in detail, attach additional pages or documentation as necessary)

I am submitting this Architectural Change Review request pursuant to the Architectural Control section of the Rules and Regulations and other relevant sections of the Association's governing documents. I have described the change in detail above including kind, dimensions, materials, manufacturer's specifications, colors, location and included drawings or plans if necessary. I understand that I must receive approval from the Association prior to starting any improvements to my property and that the association's approval does not constitute approval of the local building department and that I may be required to obtain a building permit. I hereby grant permission to the Board of Director's or their designee to inspect the construction during and after completion and understand that the design request may be revoked for failure to allow inspection. If this request is regarding a change to hard surface flooring, I have read the relevant section of the Architectural Control policy and have included a written statement from the manufacturer identifying the IIC and/or NRC rating for the underlayment that is specific to our building construction and the type of flooring to be installed. I understand that I may be required to post a damage and cleanup deposit and that I am responsible for any damage or cost of cleanup to common areas as a result of construction. I understand that elevator pads must be used at all times when moving equipment or supplies that may damage the elevator. I agree to complete improvements promptly after receiving approval.

Date _____ Owner's Signature _____

COMMITTEE ACTION

- Approved as submitted
- Incomplete
- Approved subject to:
- Disapproved for following reasons:

Completion Deadline _____

Managing Agent Signature _____

Rev 2/07