

**LAKWOOD SPRINGS HOMEOWNERS ASSOCIATION
ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM**

Date of Application: _____

Unit Owner: _____

Address: _____

E-mail Address: _____

Daytime Phone: _____ Evening Phone: _____

Nature of Improvement:

Location: _____

Dimension (If applicable): _____

Construction Material (If applicable): _____

Installer / Contractor: _____

A REPRESENTATIVE DRAWING OF ALL PROPOSED IMPROVEMENTS MUST BE ATTACHED TO SHOW LOCATION AND DIMENSIONS.

As of the approval date of this alteration, I accept full responsibility for all of the upkeep of the altered area and agree to maintain it in a safe condition.

Owner's Signature: _____ Date: _____

Received By: _____ Date: _____

Approved By: _____ Date: _____

Reason for Disapproval / Conditions of Approval:

THIS APPLICATION IS VALID FOR (1) ONE YEAR FROM DATE OF APPROVAL

Please place original Application and Architectural Drawings in the North or South Clubhouse Drop Boxes located next to the main Clubhouse doors or mail to:

Lakewood Springs HOA
501 Mitchell Drive
Plano, IL 60545