

Greythorne by Marrano

APPLICATION FOR APPROVAL OF ARCHITECTURAL CHANGE

NAME: _____ DATE: _____

ADDRESS: _____

EMAIL: _____ PHONE/CELL: _____

INSTRCUTIONS: Provide all relevant information as defined below and submit for review and approval before any change, modification or replacement can be made.

NATURE OF PROPOSED ARCUITECURAL CHANGE:

Proposed Start Date: _____ Proposed Completion Date: _____

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FOR THE CONTRACTOR/INSTALLER OR PERSON DOING THE WORK provide the following information attached to the application:

1. Name, address and phone/cell number.
2. Liability insurance face sheet (Certificate of Insurance) with expiration date.
3. At a minimum, a sketch/diagram preferably using a copy of the property survey as a base map, a picture or brochure must be provided. If necessary, copies of blueprints or drawings done to scale showing plans, elevations, and cross section.
4. Specific materials list including brand and model where appropriate. For landscaping work list common names of all plantings to be installed with locations designated on an appropriate base map.
5. All municipal permits must be filled and active. All Town, County and NYS requirements must be abided.

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FOR THE HOMEOWNER:

1. The **Homeowner will be responsible** for the quality of construction; repair of any Association property damage during construction/installation; maintenance, upkeep, and replacement (up to the standards set by the Board of Managers) of any architectural change. Regarding landscaping/plantings; all subsequent purchasers inherit the responsibility to maintain the above said landscaping/plantings, or the seller must return the area to its original condition before closing.
2. The **Homeowner will assure the contractor/installer removes and disposes all waste/excess materials.**
3. The **Homeowner will advise the management company when the project is completed for final inspection.**

X SIGNATURE OF HOMEOWNER: _____ **DATE:** _____

Please retain a copy for your records and send 1 copy of this application and supporting information to:

GREYTHORNE BY MARRANO
5586 Main Street, Suite 102
Williamsville, NY 14221

This application will be forwarded to the ARCHITECTURAL COMMITTEE for preliminary review and recommendation and then submitted to the Board of Managers for final review and decision. **Please allow up to 30 days for processing.** Application will be effective for 1 year from date of approval.

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THIS SECTION TO BE COMPLETED BY THE ASSOCIATION BOARD

The Above Application is:

- _____ Approved Subject to final inspection
- _____ Approved with restrictions (See Attachment) and Subject to final inspection
- _____ Disapproved

Signed: _____ Date: _____

