

REQUEST FOR MODIFICATION REVIEW
Haverhill HOA Architectural Control Committee

Date: _____

Property Address: _____

Owner(s): _____

Home Phone: _____ Cell Phone: _____ Email: _____

The following request is being made:

Please be specific. Supply diagram/ maps of your plan indicating location and description of modification including color samples if applicable.

Contractor's Company/Name: _____

Estimated Start Date of Modification: _____

Estimated Completion Date of Modification: _____

I/We understand and agree that I/We must receive approval from the Association in order to proceed. I/We understand that Association approval does not constitute approval from the local building & planning departments of the City of West Linn, and that I/We may be required to obtain a building permit. I/We agree to complete the improvements as promptly as possible after receiving approval.

Signature: _____ Date: _____

FOR ARCHITECTURAL COMMITTEE APPROVAL ONLY

Date Received: _____

The decision of the committee shall be made as soon as possible, and decision shall be made within 30 days after receipt by the Architectural Committee.

YOUR REQUEST HAS BEEN:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Approved with Conditions |
| <input type="checkbox"/> Disapproved | <input type="checkbox"/> Disapproved – Additional Information Required |

COMMENTS BY BOARD REVIEW:

Haverhill Architectural Committee Modification Review, By 2 Board Members:

Name: _____ Date: _____

Name: _____ Date: _____