



The Oaks Improvement Association Architectural Improvement Application Form

NAME : _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

PLEASE NOTE: This form MUST be submitted to the Oaks office to request any changes, alterations, improvements, or replacements to the Common or Limited Common Elements. Detailed plans and specifications must be submitted and attached to this application to show location & dimensions. It is duly noted that by submitting of this request does not guarantee approval of said request. The Board of Directors will review your request and respond to this request, normally within 30 days of its receipt.

NATURE OF IMPROVEMENT, CHANGE, and ADDITION (OR) ALTERATION: Please provide as much detail as possible, including drawings, pictures, plans and specifications. Attach any document necessary to aide in the review of your request.

PLEASE PROVIDE:

Name of the supplier / vendor: _____

Supplier / vendor address: _____

Supplier / vendor phone & fax: _____

- You MUST attach a copy of the supplier / vendors Certificate of Insurance with this application.

AS APPLICABLE PLEASE PROVIDE THE FOLLOWING INFORMATION:

Color(s): _____

Dimensions: _____

Style: _____

Location: _____

Type of materials: _____

I (we) understand the undersigned does hereby acknowledge that we have read and understand the Rules concerning the proposed improvement. I (we) agree to abide by the Rules set forth by the Association and will be solely liable for the upkeep and maintenance on the improvement.

Unit Owner Signature

Date: _____

FOR BOARD USE ONLY:

Received by: _____

Date: _____

Approved by: _____

Date: _____

Disapproved by: _____

Date: _____

Inspected by: _____

Date: _____

Reason for disapproval: _____
