

Architectural Modification Application

Druid Oaks

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Circle One: Structural or Landscape Modification

Checklist Reminder:

- Completed Architectural Modification Application
- Diagram / Sketch of the Project
- Contractor's Bid, Proof of License, Bonded and Insured

Please provide a description of you request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the box below, draw a sketch of diagram of your request. If your contractor has provided one with his documentation, you can leave this blank. If needed, you may use an additional page.

I/we acknowledge and agree that I/we will be solely liable for any claims, including and without limitations, for property damage, or personal injury, which may result from the requested addition or modifications. I/we hereby indemnify Druid Oaks from and against any and all such claims. I/we understand and acknowledge that I/we are responsible for complying with all applicable building codes and ordinances, and for obtaining all necessary permits and inspections for the requested addition or modification and further, that I/we am/are responsible for all maintenance, repair and upkeep of said addition or modification.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Owner

\*\*\*\*\*

Action by the Board:  
( ) Approved as Requested

Date Received: \_\_\_\_\_  
( ) Approved with the following stipulation:

\_\_\_\_\_

( ) Disapproved for the following reasons: \_\_\_\_\_

\_\_\_\_\_

Notified to Owner Sent: \_\_\_\_\_

\_\_\_\_\_  
Board Member's Signature

Date: \_\_\_\_\_