

ARCHITECTURAL APPLICATION

Owner's Name: _____ Anticipated Start Date: _____

Property Address: _____

Daytime Telephone #: _____ E-mail: _____

Provide a description of the proposed improvement(s). You may attach additional pages if needed.

SUBMITTAL

Please provide the following info with your application.

1. Description of the proposed improvement.
2. Product photos or detailed drawing of the proposed improvement, and exact location.
3. Type and color of materials to be used.
4. Name of person/contractor doing the work, including the contractor's CCB license number, and proof of insurance listing the Association as an additional insured.
5. If requested, the Association reserves the right to view a copy of all invoices to verify the actual work completed.

CONDITIONS

1. No work or commitment of work will be made by me until I have received written approval from the Association.
2. All work will be done at my expense and all future upkeep will remain at my expense. Further, I will disclose all modifications to my unit to any subsequent owner of my unit prior to sale.
3. All work will be done expeditiously once commenced, and will be done in a good workman-like manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other residents.
5. I assume all liability for this work and will be responsible for all damage and/or injury which may result at any time during or after its completion, including damage to other units, common or limited common elements.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
7. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws, codes, regulations, and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work.

Please return via email: Melinda.Tran@century21.com

Or USPS Mail: **Claremont Greens Homeowners Association**
C/O CENTURY 21 Northstar
7800 SW Barbur BLVD, Suite 1A
Portland, OR 97219

Signature: _____ **Date:** _____

Print Name: _____

By signing this form, Applicant agrees to all conditions and provisions.

The Board of Directors needs to review each request.
Please allow adequate processing time.
Written approval is required prior to beginning any work.