Architectural Request Change Form

Owners Name:						
Address:						
Phone: (Home	(Cell)	(Email)				
	with the Association's governing ification(s) or addition(s):	ng documents, I/we hereby apply for written	a consent to make the			
Description of	understand anticipated modific Contractor must provide their lie Insured". Please submit photog	description must include complete information cations or additions such as the height, width cense and Certificate of Insurance naming the Araphs, sketches, brochures, and a copy of your on it if applicable. Your application cannot be	s, size, shape, color, etcassociation as "Additional plot with the location of			
		Homeowner Initials				

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Owner's acknowledgment: I/We understand that:

- 1. I/we have reviewed the Governing Documents of the Association and agree to abide by all Rules & Regulations along with the Woodmont Design Guidelines. I/we understand that all Architectural Request requirements included in those Documents, Rules & Regulations and Guidelines are included here by reference. All of these materials can be obtained from the Galman Group.
- 2. Material herein contained shall represent alterations that comply with all applicable zoning and building codes. Further, nothing herein contained shall be construed as a waiver or modification of such ordinances. I/we may be responsible for obtaining necessary building permits after receiving approval from the Association.
- 3. No work shall commence until written approval of the Board of Directors has been received by me/us. Any alteration completed before approval of this application is not permitted and if alterations are made, I/we understand that we may be required to return the property to its former condition at my/our own expense; and that I/we may be required to pay all legal expenses incurred.
- 4. All approved alterations must be completed within 6 months of final approval. All approvals shall be voided upon the expiration of six months from issuance. A full resubmission must be made for any voided approvals.
- 5. Approval is contingent upon all work being completed in a diligent and workmanlike manner. Members of the Board of Directors and their agent(s) reserve the right to make routine inspections.
- 6. I/we take full responsibility for any damages to the Association's common elements, the property of the Declarant, or any other privately or publicly owned property because of my/our actions, or the actions of our contractors or agents. In particular and without limitation, I/we acknowledge that I/we will be responsible for any curb, sidewalk, driveway apron, landscaping and/or drainage damage that may be caused by the installation of the requested improvement.
- 7. This request is subject to restrictions by the Association's governing documents and a review process as established by the Board of Directors. The Board of Directors will act to stipulate aesthetics and not construction requirements. Any variation from the original application must be resubmitted for approval. A copy of this request will be returned to me/us after review by the Board.
- 8. It is understood that prior to the commencement of work, a Certificate of Insurance must be received (including workmen's compensation insurance) from my contractor. Furthermore, I agree to indemnify the Woodmont Community Association from any mechanic's lien resulting from approval for this alteration. All expenses related to this work, including damage to the Common Elements or to the other Units are my responsibility and I agree to save the Board or applicable committee harmless from all liability, which may result from approval.
- 9. Architectural Requests along with their supporting documents should be submitted at one time. Providing multiple documents will delay the process.
- 10. All pages must be returned signed or initialed where indicated.

Homeowner	Initiala		
Homeowner	Initials		

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Acknowledgement from Adjacent Property Owners if they will be affected

I/we have informed our next-door neighbors about our proposed exterior changes & improvement plans as a courtesy. Below are their acknowledgements.

1) Name	Address
Signatures	
2) Name	Address
Signatures	
Please return your complete	d request via Email, Fax or US mail to:
□ □ Woodmont Community Associated 1 Old York Rd, Suite 509 Jenkintown, PA 19046 Attn: Barbara Saxton	iation c/o The Galman Group
□□Email to- bsaxton@galmangrou Fax: 267-620-1422	p.com
your approval process. The Board	information as stated. Incomplete requests will be returned which will delay has up to 45 calendar days to review and provide a decision. After the onsiders the request and has decided, a letter will be sent to the owner with
Homeowner Signature:	
Homeowner Signature:	
Date sent to Management Co	ompany

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Office Use Only:					
Date Received by the Board of Directors:					
() Your ARF is APPROVED subject to the f	() Your ARF is APPROVED subject to the following conditions/modifications. (See Comments)				
() Your ARF is DENIED for the following re	() Your ARF is DENIED for the following reasons. (See Comments)				
Comments:					
Signature – Board Member or Community Manager Da					
Print Name and Title					
Office Use Only:					
ARF Approval Date	ARF Denied Date				
Date final approval/disapproval was sent to ho	meowner:				
Approval/Disapproval sent via:					
Approved by Board Member	Date				
Approved by Board Member	Date				
Approved by Board Member	Date				
Approved by Board Member	Date				
Approved by Board Member	Date				
	Homeowner Initials				

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