

THE PRESERVE CONDOMINIUMS

Improvement Application

Pursuant to The Preserve Condominium Association's Declaration, this form is provided for your convenience when submitting an improvement application. All information on this form must be submitted prior to processing. You are advised that the information provided is voluntary. However, it may be subject to disclosure under provisions of law.

Effect of Failure to Respond: Failure to supply the requested information or the omission of information relevant to your planned improvement may be cause for denial of your application.

Name(s) _____ Address _____ Unit# _____

Date: _____ Phone Number _____

Type and nature of requested improvement: _____

Color (list manufacturer's name and color code) _____

Dimensions: _____

Location(s) _____

Supplies: _____ Approximate cost _____

A scale drawing of all requested improvements must be submitted, and attached to the application to show the exact location and dimensions.

I understand the rules and the proposed improvement. This improvement in no way encroaches on a neighbor's limited common area or common area or common ground. I agree to abide by the rules established by The Preserve Condominium Association, the Architectural Control Guidelines, and will be solely liable for upkeep required by the construction of this improvement. I further agree to obtain all licenses and/or building permits, and meet all legal requirements for building codes. I will be responsible for maintaining the improvement in accordance with maintenance standards adopted from time to time by, the Association's Board of Directors. I will reimburse the Association for all additional insurance premiums charged by reason of the existence of the improvement.

Signature (s) _____ Date _____
(All owners of the unit must sign)

Date received by Board: _____ Received by: _____

Improvement application approved: ☐ Approved in part (See attached letter): ☐ Disapproved: ☐

Letter attached outlining provisions for approval or justification for disapproval:

Yes ☐ No ☐ Request No _____

Send to: KareCondo, PO Box 1714, Stow, OH 44224