



Silver Leaf Homeowners Association

ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM

Date of Application: _____

Home Owner: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Fax Number: _____

Nature of Improvement: _____

Location: _____

Dimension (if applicable): _____

Construction Material (if applicable): _____

Installer/Contractor: _____

A REPRESENTATIVE DRAWING OF ALL PROPOSED IMPROVEMENTS MUST BE ATTACHED TO SHOW LOCATION AND DIMENSIONS.

As of the approval date of this alteration, I accept full responsibility for all of the upkeep of the altered area and agree to maintain it in a safe condition.

Signed: _____ Date: _____

Application will not be valid unless signed.

Please Note: If approved, owner has 60 days to complete improvement or a new application must be submitted.

Sketch of improvement is attached: YES NO

Received By: _____ Date: _____

Approved By: _____ Date: _____

Reason for Disapproval: _____

Please mail, fax, or email application to:
SILVER LEAF HOMEOWNERS ASSOCIATION c/o
Nemenich Consulting & Management
2756 Caton Farm Road Joliet, IL 60435

Fax to: 815-609-2335

Email completed forms

improvements@silverleafhoa.org