ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM

Home Owner:	Date of Application:	
Daytime Phone: Evening Phone: Fax Number: Nature of Improvement: Nature of Improvement: Dimension (if applicable): Construction Material (if applicable):	Home Owner:	
Fax Number:	Address:	
Nature of Improvement:	Daytime Phone:	Evening Phone:
Location:	Fax Number:	
Dimension (if applicable):	Nature of Improvement:	
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 agr 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: Date: Dat	Location:	
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Received By:	Please Note: If approved, owner has 60 days to c	omplete improvement or a new application must be submitted.
Approved By: Date:	Sketch of improvement is attached: \square YES	□ NO
	Received By:	Date:
	Approved By:	Date:
Reason for Disapproval:	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