

# Wheatfield Lakes Homeowners Association

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## **Architectural Change Approval Request - Master HOA**

The purpose of this form is to initiate and expedite architectural change requests for the community members residing in **Wheatfield Lakes HOA**. All work affecting the exterior appearance of your residence requires this approval. Reasonable and consistent criteria will be used in a timely manner. The Declaration remains the controlling document. ***Please expect a response within 5 -10 business days of your completed submission.***

Homeowner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Description of work including types and colors of materials to be used, dimensions and locations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the contractor performing the work: \_\_\_\_\_

Phone number for the contractor: \_\_\_\_\_

Proposed start date: \_\_\_\_\_ Proposed completion date: \_\_\_\_\_

Approval is requested to make the described modification, alteration, or addition to my home or lot. In making this request I agree to repair any damage caused to common areas because of this work. Additionally, I will:

- Submit detailed and official specifications of proposed work on the survey of your property (measurements are required)
- If there is a contractor, submit proof of liability & workers compensation insurance naming the HOA's as a certificate holder
- Obtain a permit from Wheatfield, if required per town laws. Submit a copy of this permit with your approval request that includes any addendums, waivers, and variances requested from the town.
- Complete the work described above within six (6) months from the date of approval
- Contact the Master HOA for a compliance review upon completion of the work; photographs will be taken for review.
- Not place, or allow the contractor to place, any sign on the property, such as those for advertising on my property.

Homeowner Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### **Wheatfield Lakes Architectural Committee**

Approved subject to final inspection: \_\_\_\_\_ Approved with restrictions: \_\_\_\_\_ Denied: \_\_\_\_\_

Architectural Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Final Inspection Approved by: \_\_\_\_\_ Date: \_\_\_\_\_