

# BROOKHAVEN HOMEOWNER'S ASSOCIATION INC.

## Request for Architectural Changes

Request From: \_\_\_\_\_ Date: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### DOCUMENT CHECKLIST (To be submitted at time of request)

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="checkbox"/> PERMIT  | <input type="checkbox"/> SPECIFICATIONS     | <input type="checkbox"/> BUILDING PLANS |
| <input type="checkbox"/> DETAILS | <input type="checkbox"/> VENDOR INFORMATION | <input type="checkbox"/> PHOTOS         |

Brief description of alteration, improvement, addition, etc.

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Contractor: \_\_\_\_\_

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

Certificate of Insurance: \_\_\_\_\_

Occupational License #: \_\_\_\_\_

### HOMEOWNER'S AFFIDAVIT

I HAVE READ THE DEED RESTRICTIONS AND POLICIES OF BROOKHAVEN HOMEOWNER'S ASSOCIATION INC., AND AGREE TO ABIDE BY THE SAME. NO WORK WILL COMMENCE WITHOUT THE WRITTEN APPROVAL OF THE BOARD OF DIRECTORS.

\_\_\_\_\_  
SIGNATURE OF UNIT OWNER(S) \_\_\_\_\_ DATE

- |  |             |
|--|-------------|
| <input type="checkbox"/> Approved by the Board of Directors        | Date: _____ |
| <input type="checkbox"/> Insufficient information; Please resubmit | Date: _____ |
| <input type="checkbox"/> Not approved for the following reasons:   | Date: _____ |

\_\_\_\_\_  
BOARD OF DIRECTOR SIGNATURE OF APPROVAL

PLEASE MAIL YOUR REQUEST WITH DRAWINGS AND DETAILS TO:  
requests@brookhaven-hoa.com  
DO NOT SUBMIT FORM TO ANY BOARD MEMBER!!