

**REQUEST FORM
OVERHEAD GARAGE DOOR REPLACEMENT FOR TOWNHOMES
CRYSTAL TREE SUBDIVISION**

HOMEOWNER: Name: _____

Address: _____ Phone: _____

CONTRACTOR: (Installer) Name: _____

Address: _____ Phone: _____

Current Trim Color (Not Siding Color): _____

**REPLACEMENT GARAGE DOOR CHART
& COLOR ASSIGNMENTS**

Benjamin Moore Townhome Trim Color <i>If Your Trim Color is:</i>	Approved Steel Overhead Sixteen Panel Embossed Woodgrain Garage Door
Graywood	Choice of Selection: <u>Choice of</u> <u>Manufacturer</u> <u>Assigned Color</u> C.H.I. Sandstone Gadco Sandstone Raynor Claytone
Richmond Bisque -OR- Navajo White	Choice of Selection: <u>Choice of</u> <u>Manufacturer</u> <u>Assigned Color</u> C.H.I. Almond Gadco Almond Raynor_ Almond
Spanish Moss	Choice of Selection: <u>Choice of</u> <u>Manufacturer</u> <u>Assigned Color</u> C.H.I Bronze Gadco Teratone Raynor Bronzestone

Overhead Garage Door Manufacturer: _____

Garage Door Color Being Installed: _____

IMPORTANT NOTES: Uniformity must be maintained within each building for both manufacturer and garage door colors.

EXAMPLE: Building with 3 adjoining townhome units with Graywood trim: 1st townhome owner desiring to change garage door chooses to install GADCO Sandstone door. This owner submits a Request Form and receives approval. This approval would set the precedence for the entire building and the remaining two adjoining units would be required to use the same GADCO Sandstone doors when they decide to replace their doors.

Savings Tip: If two or more units decide to replace their garage doors at the same time, there may be a possibility to receive better pricing from the garage door installer.

CERTIFICATE OF INSURANCE: Your contractor must supply you with a certificate of insurance, stating that you (as homeowner) and the Crystal Tree Homeowners' Association are named as additional insured. A copy of this certificate must be submitted along with your Request Form.

CONTRACTOR'S AGREEMENT TO COMPLY: I have read the completed Request Form and agree to comply with all architectural requirements as directed. I understand that any product or workmanship that does not comply with the architectural requirements, as stated, will have to be brought up to those standards immediately, or the privilege of performing future work within the Crystal Tree Subdivision will be forfeited.

Contractor's Signature: _____ **Dated:** _____

Homeowner's Signature: _____ **Dated:** _____

SEND COMPLETED REQUEST FORM, ARCHITECTURAL REVIEW FEE OF \$50.00 PAYABLE TO THE CRYSTAL TREE HOMEOWNERS' ASSOCIATION, AND A COPY OF THE CERTIFICATE OF INSURANCE TO:

***SCHRANK & ASSOCIATES, INC.
P. O. BOX 186
ORLAND PARK, IL 60462***

This portion for office use only:

Address of Overhead Garage Door Replacement: _____

ARCHITECTURAL REVIEW

Approval: ____yes ____no

Reason for Refusal: (if applicable) _____

Board Member Signature: _____ **Dated:** _____

Additional Notes: