

ARCHITECTURAL REVIEW FEE: See the Architectural Review Fee Schedule (available online, www.crystaltreehoa.com). Fee is payable to the Crystal Tree Homeowners' Association.

**GENERAL REQUEST FORM
SINGLE FAMILY HOMES
CRYSTAL TREE SUBDIVISION**

NOTE: This form is intended for Architectural Review requests other than Roof Replacement and Retractable Awnings. There are specific Request Forms for these Architectural Review requests.

HOMEOWNER:

Name: _____

Address: _____ Phone: _____

CONTRACTOR: (Installer)

Name: _____

Address: _____ Phone: _____

Type of Improvement Being Requested: _____

Please submit drawings/plans, survey, specifications, samples, (if applicable) to help complete the Review process.

APPROVALS: Homeowner must receive a FORMAL, WRITTEN APPROVAL from the Homeowners' Association before proceeding with any exterior improvements.

PERMITS: The homeowner shall be responsible for securing a permit from the Village of Orland Park, if applicable. This Permit must be displayed in your front window.

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 listed as additional insured. A copy of this certificate must be submitted along with your Request Form.

NOTE: No construction materials are to be placed or stored on streets. Dumpsters must be placed on driveway. (Placing dumpsters on street is prohibited.) Dumpsters should be placed, by contractor, on plywood or planking to protect driveway.

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 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 Architectural Review: _____

ARCHITECTURAL REVIEW

Approval: _____yes _____no

Reason for Refusal (if applicable) _____

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

Additional Notes: