

**REQUEST FORM
EXTERIOR SIDING REPLACEMENT FOR TOWNHOMES
CRYSTAL TREE SUBDIVISION**

HOMEOWNER:

Name: _____

Address: _____ Phone: _____

CONTRACTOR: (Installer)

Name: _____

Address: _____ Phone: _____

What is your existing exterior siding? _____
(As listed on Siding Replacement Chart below.)

| EXISTING EXTERIOR SIDING | APPROVED EXTERIOR SIDING REPLACEMENT MATERIALS |
|--|---|
| Stuccato Hardboard Siding with 1x6 Rough Sawn Cedar Battens | Stuccato Hardboard Siding With 1x6 Rough Sawn Cedar Battens ---or--- Fiber Cement Stucco Panel Siding With 1x6 Rough Sawn Cedar Battens or 1x6 Rough Sawn Fiber Cement Battens |
| Vertical Exterior Rough Sawn Cedar Ship Lap Siding with 1x8 and 1x10 Alternating Pattern | Vertical Exterior Rough Sawn Cedar Ship Lap Siding With 1x8 and 1x10 Alternating Pattern |

ARCHITECTURAL REVIEW FEE: \$75.00 (Payable to the Crystal Tree Homeowners' Association)

RECOMMENDATION:

Should you decide to replace all, or a portion of your siding, it is recommended that you schedule the siding replacement, in advance of/and within the same year, as your unit is scheduled to be painted by the Association. This rotating, 4 year, Painting Schedule can be found on the Crystal Tree Website: www.crystaltreehoa.com (listed under Townhome Painting in the website menu).

NOTE: THE FIFTH AMENDMENT TO THE HOMEOWNERS' DECLARATION OF CRYSTAL TREE, PAGE 7, ARTICLE 12, PARAGRAPH b

(The Association and not the Owner shall be responsible for all external painting, excluding, however, decks, gazebos, and ancillary structures.)

The purpose of the Amendment is to maintain painting uniformity for all Townhomes in Crystal Tree.

PROCEDURES FOR PAINTING SIDING REPLACED OUT OF SEQUENCE WITH THE ROTATING, 4 YEAR, PAINTING SCHEDULE.

1. The cost for painting all, or a portion of the siding being replaced, will be at the expense of the Townhome Owner.
2. After the siding replacement has been completed, notify the Property Manager, Schrank & Associates, Inc. phone: (708) 349-3133
3. The Property Manager will then obtain a quote for painting the amount of siding that has been replaced. This quote will be forwarded to the Townhome Owner.
4. The Townhome Owner will then make payment to the Crystal Tree Homeowners' Association for the cost of painting. Upon receipt of the payment, the Property Manager will schedule the painting of the siding replaced with the Association's Painting Contractor.

IMPORTANT NOTES:

- It is advisable to have your Siding Contractor install a house wrap, such as DuPont Tyvek House Wrap, before installing the siding.
- Pre-priming the siding will be allowed, using an acceptable primer. Contact the Property Manager with the primer information to make sure it will be acceptable before applying.
- No construction materials are to be placed or stored on the streets. Dumpsters must be placed on the driveway. (Placing dumpsters on the street is prohibited.) Dumpsters should be placed, by the Contractor, on plywood or planking to protect the driveway.

ARCHITECTURAL REVIEW FEE: \$75.00 (Payable to the Crystal Tree Homeowners' Association)

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 \$75.00 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 Exterior Siding Replacement: _____

ARCHITECTURAL REVIEW

Approval: _____yes _____no

Reason for Refusal: (if applicable) _____

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

Additional Notes: