

**REQUEST FORM
STORM DOOR INSTALLATION FOR TOWNHOMES
CRYSTAL TREE SUBDIVISION**

HOMEOWNER:

Name: _____

Address: _____ Phone: _____

CONTRACTOR: (Installer)

Name: _____

Address: _____ Phone: _____

Existing Townhome Trim Color: (Not Siding Color) _____

The following chart lists two approved manufacturers for full view storm doors with clear glass and approved door colors for respective existing trim colors. Other manufacturers of full view storm doors with clear glass may be acceptable. Submit manufacturer's name, specifications, and color sample with Storm Door Request Form for consideration.

Benjamin Moore Townhome Trim Color <i>If Your Trim Color is:</i>	Approved Full View Storm Door w/ Clear Glass	
Graywood	<u>Choice of Manufacturer</u> Andersen Larson	<u>Assigned Color</u> Sandtone Sandstone
Richmond Bisque -OR- Navajo White	<u>Choice of Manufacturer</u> Andersen Larson	<u>Assigned Color</u> Almond Almond
Spanish Moss	<u>Choice of Manufacturer</u> Andersen Larson	<u>Assigned Color</u> Bronze Brown

Storm Door Manufacturer: _____

Storm Door Color Being Installed: _____

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.

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 Storm Door Installation Request: _____

ARCHITECTURAL REVIEW

Approval: _____yes _____no

Reason for Refusal: (if applicable) _____

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

Additional Notes: