KRYSTAL VILLA EAST ARCHITECTURAL CHANGE REQUEST FORM

Homeowner information

Owner's Name		Date	
Unit #	Phone #:		
Mailing Address			
City:	State	Zip Code:	
E-Mail Address:			
Archit	ect, Engineer or Owne	r's Representative (if applicable)	
Name:		Phone:	
Address:			
City:	State	Zip Code:	
		lesired e, size, materials to be used and	

Attach additional drawings to this form if required by KVE Board.

I UNDERSTAND AND AGREE THAT:

The above and attached information (if any) is complete and accurate to the best of my knowledge. Improvement work/installation is to be at no cost whatsoever to the Association. Any further maintenance, repairs or damage related to, or caused by this improvement shall be the responsibility of the owner, heirs or assigns. Any deviation from the approved plans or specifications outlined in the application shall require subsequent approval from the KVE Board of Directors. Failure to obtain such subsequent approval will nullify the approval of KVE Board of Directors and said improvements shall be deemed to have been undertaken without Board's approval.

I understand that my proposed improvements may require a permit from the City/County Building department or other government agencies and I will obtain all required permits before commencing any work.

I will assume the responsibility for any work under the above proposed improvement that I or my contractor complete. I will assume responsibility for all future maintenance of this addition or improvement.

Name of Owner: (print)	
Street Address/Unit No.	
Signature:	Date:
KVE Board of Directors has received and	reviewed above application.
Board approves application as presented	l
Board recommends the following prior to	commencement of work:
KVE, Authorized Board Member	 Date