

**MAPLE HOLLOW CONDOMINIUM ASSOCIATION
ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM**

Date of Application: _____

Owner: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Nature of Improvement: _____

Color (If Applicable): _____

Location: _____

Dimension (if applicable): _____

Construction Material (if applicable): _____

Installer/Contractor: _____

- **A Representative drawing of all proposed improvements must be attached to show the location and dimensions.**
- **A Certificate of Insurance Naming Maple Hollow Condominium Association, The Board of Directors and Foster Premier Inc, as additionally insured must be submitted prior to the start of work (If using a contractor).**
- **Include a copy of your plat of survey for your property showing the location of the proposed improvement.**

I agree to abide by the rules set forth by the Review Committee and accept full responsibility for all upkeep, maintenance and encroachment that this improvement may make to the community area. I further understand that I must advise the purchaser of my unit, that by purchasing my unit, he/she is responsible for the upkeep, maintenance, and encroachment that this improvement may make on the community area. As of the approval date of this alteration, I accept full responsibility for all of the upkeep of the altered area and agree to maintain it in a safe condition.

Signed: _____

Date: _____

Received By: _____

Date: _____

Approved By: _____

Date: _____

Reason for Disapproval:

Please mail application to:

Maple Hollow Condominium Association
C/O Foster Premier Inc
Tina Kelly
750 West Lake Cook, Suite 190
Buffalo Grove, IL 60089