Meridian Firs No 2 Owners Association

24800 144th Place S.E. • Kent, WA 98042

ARCHITECTURAL ALTERATION REQUEST FORM

1. **General**
   a. Refer to the **House Rules, Sections F & K** for more detailed information.
   b. All safety considerations are the Owner's responsibility.
   c. It is the Owner's responsibility to obtain all necessary permits and inspections.
   d. Maintenance of approved alterations is the Owner's responsibility.
   e. Under state law, Owners intending to dig any deeper than one foot into the ground must notify the Utilities Underground Location Center 48 hours before digging is commenced. Call 1-800-424-5555. (811)

2. **Submittal of Plans**

The *Design Specifications Form* and **two** copies of the plans must be submitted to the Chairman of the Architectural Committee or the Manager. Upon receipt of the *Design Specifications Form* and plans, the Architectural Committee will review the plans and approve or disapprove them. The Owner will be informed of the approval or disapproval of the submitted project by a member of the Architectural Committee.

3. **Completion of the Project**

The project must be completed within 30 days of the start date of the project that is noted on the *Design Specifications Form*. If the project requires more than 30 days to complete, a formal letter must accompany this form. Once completed, fill out and submit the *Notice of Completion Form* to the Board or Manager within 7 days of completion.

Below – Architectural Committee use only

Date received: _____ Received by: _____

Approved by the following Architectural Committee members:
Printed name: _____ Signature: _____
. Date: _____
Printed name: _____ Signature: _____
. Date: _____
Printed name: _____ Signature: _____
. Date: _____
Denied/date: _____ Why: _____
_____
_____
Date and time the homeowner was contacted:
_____
Was the project completed on time? ☐ Yes ☐ No Date completed:_____
If no, did the homeowner request an extension in writing? _____
Distribution of copies:
Owner _____ Chairman _____ Manager _____ Master File _____

ARCHITECTURAL ALTERATION REQUEST continued
•• DESIGN SPECIFICATIONS FORM ••

Owner: _____ Phone Number:_____
Address: _____ Unit Number: _____

(Please answer all numbered areas and enter notes as needed on the following page)

1. Nature of the project (hereafter referred to as "Item"):
☐ Deck ☐ Fence ☐ Patio ☐ Garden ☐ Windows ☐ Awning ☐ Door
☐ Other: _____

2. Who will be performing the work? Owner or Bonded/Licensed Sub-contractor
Name of sub-contractor:_____
Address of sub-contractor:_____
Business License number of sub-contractor:_____
Phone number of sub-contractor: _____

3. Is the Item to be installed within your property lines? ☐ Yes ☐ No

4. Where will the Item be installed? (Please attach a diagram, pictures or more details on the last page of this form

5. Location to surrounding building/units: _____ _____

6. Describe the harmony/compatibility to surrounding unit/building design: _____
_____

7. Will the Item be attached to or in anyway impact the building, siding, structure or roof?
☐ Yes ☐ No If Yes, how? _____
_____

8. Height (if applicable): _____

9. Does the Item infringe on your neighbor's view? ☐ Yes ☐ No

10. Shape/Size: _____
_____

11. Design Type/Brand:_____
_____

12. Materials: _____
_____

13. Color: _____ ☐ Paint or ☐ Stain

14. Needs foundation blocks? ☐ Yes ☐ No Type: _____

15. Topographic changes (grading): _____

16. Other Details:_____

17. Estimated Start Date: _____ Estimated Finish Date: _____

Signature: _____Date: _____
Printed Name _____

<u>Please use this page for diagrams, photos, additional notes, location, installation, and comments</u>. (the more detailes you provide to the Architectural Committee now will be helpful to the evaluation of your project)