

Townhomes of Cedar Crossing II Association

Architectural Application

Submittal Date: _____

Name: _____ Phone: _____

Address: _____ Lot : _____

Description of proposed modification _____

Material (s) List _____

Manufacturer (model #) _____

Color Sample (s) _____

Dimensions _____

Location _____

In addition to the above information, the following items must be included, when appropriate, along with this form for property review:

- ✓ Plat of survey with the location of the item drawn on the plat.
- ✓ Please provide any drawings that you may have received from the subcontractor/vendor.
- ✓ A copy of the building permit issued by the Village of Lake Villa.
- ✓ Certificate of Insurance for contractor performing the work, naming the association as additional insured.

All work must be completed within a 90 day time period. If additional time is needed, an extension must be requested in writing to the THCC II Association.

Please submit requests to:

**Townhomes of Cedar Crossing II Association
C/O Premier Residential Management Company
4180 Route 83: Suite 14
Long Grove, IL 60047
Phone: 847-415-2540
Fax: 847-415-2541
Email: customerservice@premierresmgt.com**

Please allow 14 days for review and approval prior to starting any work

Homeowner Signature: _____ Date: _____

Approval Signature: _____ Date: _____