

**ERIE VILLAGE HOMEOWNERS ASSOCIATION, LTD REQUEST FOR ARCHITECTURAL CHANGE TO UNIT**

Instructions: Please fill out completely and either:

- 1. Mail to EVHOA Architectural Control Committee  
5900 N. Burdick Street, Suite 110  
East Syracuse, NY 13057
  
- 2. Drop off at either 337 Summerhaven N. or 334 Summerhaven N.

Homeowner's Name: \_\_\_\_\_

Principal Address: \_\_\_\_\_

Unit Number to be modified: \_\_\_\_\_

Home/Business Phone: \_\_\_\_\_

Contact Hours: \_\_\_\_\_

**NATURE OF CHANGE OR MODIFICATION REQUESTED:**  
(If appropriate, attach a detailed sketch to show where work is to be performed.)

If the modification is a manufactured product (i.e. storm door, gutters, etc.) fill out the following information:

Name of Product: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_ Material and Color: \_\_\_\_\_

Supplier Name: \_\_\_\_\_ Warranty Information: \_\_\_\_\_

Who will perform the installation:  Homeowner  Contractor \*

\* If contractor checked, please complete the following additional information.

Contractor Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

(Attach a copy of contractor's estimate and installation information for modifications.)

**NOTE: The EVHOA requires that all contractors working in common areas be insured and that a **\*\*Certificate of Insurance** be obtained prior to work commencing. If the form is not properly completed, the request for the Architectural Change will be denied and the form will be returned delaying action to approve the request.**

**\*\*On the bottom left corner of the Certificate of Insurance ( ACORD 25), the following MUST be in the "Certificate Holder" box:**

**Erie Village Homeowners Association**

**5900 N. Burdick St**

**East Syracuse, NY 13057**

It is requested that modifications that will have any visual or other impact on your neighbors be discussed with them and that signatures be obtained from them indicating that they are in agreement with the modifications. If you have been contacted about any concerns that need to be resolved, please include them with your request.

I, the undersigned, state that the above information is a true and accurate representation of the modification that I am requesting, and if approved, such work will be carried out in accordance with the EVHOA Offering Plan and all applicable zoning regulations of the Town of Manlius. I also understand that I will be responsible for all maintenance and upkeep of the proposed modifications.

Homeowner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Approval Granted
- Approval Granted Subject To Conditions Described Below
- Approval Denied

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**This Architectural Request expires 90 days after Approval Date**

## Neighbor Signatures

I (We) have no objections to the Architectural Changes to Unit Number \_\_\_\_\_  
requested by \_\_\_\_\_

<u>Name</u>	<u>Signature</u>	<u>Unit Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____