

**KINGSFIELD COMMUNITY ASSOCIATION
ALTERATION REQUEST FORM**

Owner's Name(s): _____

Address: _____

Day Phone: _____ Evening Phone: _____

ARCHITECTURAL _____ LANDSCAPE _____ SITE LICENSE: Yes _____ No _____

INFORMATION:

The Board of Directors for Kingsfield Community Association has all power and duties necessary to administer and manage the business operation and affairs of the property and of the Association. Such powers and duties of the Board of Directors includes, but is not limited to, rules and regulations governing the use and operation of the property, the Common Facilities and the lots. The Board of Directors has required that any proposed alteration to the Property, Common Facilities and the lots be submitted in writing before a request will be considered. The Board of Directors' decision is final.

INSTRUCTIONS:

1. Complete this form, making certain that you understand and can comply with all portions prior to signing.
2. Submit the form to the appropriate committee chair. See the community directory on the website for the address: www.kingsfieldhoa.org/leaders.html.
3. On the attached sheet(s), prepare a sketch or written description of the proposal in sufficient detail to permit the Board of Directors to render a decision. Please have your sketch signed by the drawer.
4. Please attach a copy of your contractor's proposal to this form.

PROPOSED ALTERATION

1. Description

a. Location:

b. Dimensions:

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c. Shape:

d. Color:

e. Materials:

f. Drainage provisions (if applicable):

2. Name and Address of contractor (where applicable):

3. Statement by contractor of his insurance coverage and carrier (Liability,, Workman's Compensation, etc.) on attached sheet.

4. Certification of owner's insurance coverage (Liability and Fire) during and after completion (include name of insurance company and period of coverage).

5. Sketch or photograph must be submitted.

6. Any other pertinent information (attach additional sheets, if necessary).

AGREEMENT: I (we) have read the requirements as outlined in the Alteration Request procedures and guidelines and this request form and, in the event that the above request is approved, I (we) agree to and shall abide by all of the following:

1. That all expenses related to this work, including any resulting damage to the Common Elements or to other units, is my (our) responsibility and I (we) agree to save the Executive Board harmless from any and all liability which may result from any approval.

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2. That I (we) assume all related costs of maintenance and insurance connected with this work;

3. That I (we) do permit members of the Executive Board and its appropriate agents to make reasonable inspections related to this proposal;

4. That I (we) prior to the sale of this unit, will inform the future buyers of any maintenance responsibilities connected with this modification;

5. That by signing this, I (we) have assumed all responsibility in assuring that any related state or local laws or building codes are being followed;

6. That I (we) realize that no actual work can begin until I (we) receive a copy of the form approved by the Executive Board.

SIGNATURES:

Owner(s) _____

Date: _____

Please use this space, which is provided for your sketch

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ARCHITECTURAL REVIEW COMMITTEE OR LANDSCAPING COMMITTEE:

Date Received _____ Date Reviewed: _____

Action Taken: _____ Approved _____ Not Approved

Comments:

Signature of Committee Chairperson

BOARD OF DIRECTORS

Date Received _____ Date Reviewed: _____

Action Taken: _____ Approved _____ Not Approved

Comments:

Signatures, Board Members