

ADDENDUM A - APPLICATION FOR MODIFICATION
Modification Approval Form

Name: _____ Address: _____
Date: _____ Phone: _____ Email: _____

Please refer to your copy of the Westfield Park Homeowners Association Design & Review Standards before completing **Modifications Requested** (Including specific details of materials, colors, styles, etc.)

A TOPO is required for all modifications affecting your Lot. The TOPO can be obtained from the Township Building Department. Indicate on the TOPO your planned modifications to your Lot. Requests submitted without TOPO's will be returned **without an Approval** from the HOA.

When submitting THIS FORM with the TOPO and drawings and other documentation, PLEASE PROVIDE TWO COPIES to the ADR, one for records, one to be returned.

Requests submitted with **OUTSTANDING** Homeowners Account Balances will be returned **without an Approval** from the HOA.

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|--|---|
| <input type="checkbox"/> A. Fences (Refer to Standard #6) | <input type="checkbox"/> F. Screening and Lattice (Specify material, style, color, location, and elevation) |
| <input type="checkbox"/> B. Landscaping (Refer to Standard #2) | <input type="checkbox"/> G. Structure Addition or Removal (Refer to Standard #4) |
| <input type="checkbox"/> C. Pools and Spas (Refer to Standard #12) | <input type="checkbox"/> H Tree Removal (Refer to Standard #2) |
| <input type="checkbox"/> D. Repainting (Refer to Standard #4) | <input type="checkbox"/> I. Other (Submit appropriate information and detailed descriptions) |
| <input type="checkbox"/> E. Roof (Refer to Standard #4) | |

Comments: _____

Date to start project: _____ Date project will be complete: _____

Have you discussed this project with your neighbors? _____

Address/Neighbor adjacent to Left _____ Approval? _____

Address/Neighbor adjacent to Right _____ Approval? _____

Address/Neighbor adjacent to Rear _____ Approval? _____

Address/Neighbor in Front, across Street _____ Approval? _____

The plans are reviewed by two committees and the HOA Board, so please allow 14 days for a modification review.

Requesting Homeowner's Signature: _____ Date: _____

Please send TWO COPIES to:

WPHOA
ADR Design Request
PO Box 38492
Olmsted Twp, OH 44138

To be completed WPHOA:
Date received: _____ Date Returned: _____
Committee Recommendation: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Disapproved
Date Homeowner Notified: _____ Signed: _____
Approval Valid Until: _____
Board Approval: _____