

The Berkeley COA Request for Approval for Architectural Modification

(Approval of this form could take up to 14 business days. Make sure you submit with ample time prior to commencement of work.)

To: Board of Directors and/or Architectural Committee for the Berkeley Condominium Association, Inc.

From: Owner(s) Name: _____ Berkeley Unit # _____

Address: _____

Day Phone: _____ Evening Phone: _____ Email: _____

In order to Process this Application, the following must be attached:

1. Sketch of boundary survey with proposed modification drawn on survey.
2. The appropriate drawings showing a plan and elevation view.
3. Specification of the proposed modification. (Example: Color, Style, etc.)
4. A landscape plan if applicable.

I/We are hereby requesting to make the following modification, alteration or addition as described below. (Attach additional page(s) if necessary.)

I/We agree to the following terms as described below:

- You are responsible for obtaining any necessary permits from the appropriate building and zoning departments.
- Access to areas of construction are only to be allowed through your property and you are responsible for any damage incurred to common property, other property and personal injury as a result of this modification as well as any additional maintenance cost that may be incurred.
- All contractors must be properly licensed, bonded and insured for liability and workers' compensation. Proof of such is REQUIRED prior to the commencement of the modification.
- In the event of an accident, the Association will hold the unit owner/s personally liable for any and all claims, injuries and defense cost.
- All installations will be of professional design, quality and material.
- If work commences prior to the approval of this request by the Board/Committee, **the unit owner may be FINED \$ 100.**

Signature of Owner(s): _____

Date: _____

(For Board of Directors and/or Architectural Committee Use Only)

Date Application Received: _____ Date of Approval or Disapproval: _____

Approval Granted: _____ subject to additional requirements as noted on attached page(s). (___ Check if applicable)

Approval Denied: _____ Explanation: _____

Member of the Board of Directors

Signature: _____ Print Name: _____

Member of Architectural Review Committee

Signature: _____ Print Name: _____

(Revised 12/05/17)