



**THE LAKELANDS COMMUNITY HOMEOWNERS
ASSOCIATION**

P. O. Box 143, Plainfield, Illinois 60544-0143
(815) 436-1860 FAX: (815) 436-1721

ARCHITECTURAL DESIGN REVIEW COMMITTEE

***** ARCHITECTURAL DESIGN CHANGE REQUEST FORM *****

This form is to be used by all Lakelands Community Homeowner Association (LCHOA) members to submit your written request to the LCHOA Board to make a change or enhancement to the architectural design of an existing structure, (e.g., house, garage, porch, deck, etc.) or major changes or enhancements to the existing landscaping on or adjoining your property. This form is also to be used when installing or replacing boat docks or boatlifts or permanent attachments to boat docks or boatlifts, (e.g., canopies, seat benches, lighting fixtures, etc.).

Complete each block below and on the back page & please be sure to sign and date this form. Where applicable, you may substitute selected materials in place of providing written responses. Please return this signed, completed form and any pertinent, attached supporting materials to the address below or, if you prefer, you may hand this completed form along with any supporting materials to an LCHOA Board member.

**The Lakelands Community Homeowners Association
P. O. Box 143
Plainfield, Illinois 60544-0143**

The LCHOA Board will promptly handle your request upon receipt and forward the necessary information to your Homeowners Association. Within ten (10) days following receipt of this form, the LCHOA Board will notify you, in writing, that your request has been received and that all the information you've provided is sufficient to proceed with the review of your Architectural Design Change Request. This letter will also include an approximate timetable for completion of the review process and the timeframe for when the LCHOA Board will plan to meet next to decide upon your request. You may also request e-mail updates as to the status of your request by providing your e-mail address below.

Should you have any questions regarding the completion of this form, the attached LCHOA Architectural Change Approval Steps or the status of your request, please contact:

**Ken Yacobozzi, Chairman, Architectural Design Review Committee
Cell: (708) 670-3818 FAX: (708) 594-5152**

Homeowner Name: _____
(Last) (First)
 Address: _____ LHOA Membership: _____
 Home Phone: _____ Work: _____ Fax: _____
 Home E-Mail: _____ Work E-Mail: _____

Contractor/Vendor Name: _____
(only if applicable) (Last) (First)
 Business Name: _____
 Business Address: _____
 Business Phone: _____ Cell: _____ Fax: _____

Description of Requested Change: Indicate what architectural change to your home or property you are planning to make.
 (detailed drawings, pictures, illustrations, etc. of how the completed project will appear may be substituted, if attached)

Expected Project Start Date: _____ Expected Project Completion Date: _____

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Materials Description: Include composition, thickness & color and indicate what materials will be used to match existing structure(s).
(manufacturer's product brochures may be substituted, if attached)

Dimensions Description: Include measurements of all sides & elevations. (detailed design drawings may be substituted, if attached)

Location Description: Indicate where in proximity to housing structure(s), lake, streets, other houses, etc. exterior change will be made.
(a detailed map or drawing of the project location and adjoining property may be substituted, if attached)

Homeowner Signature:

Date:

(Please Do Not Write Below This Line)

LCHOA / ADRC Received By:

Date:

LHOA Board Approved By:

Date:

ADRC Reviewed By:

Date:

LCHOA Board Approved By:

Date: