

Chinquapin Homeowners Request To the Architectural Review Committee

Requesters Name			
Homeowners Name		Unit #	
Permanent Residence Address:			
Street Address			
City, State, Zip			
Residence Phone		Fax:	
Chinquapin Phone		Fax:	
E-mail Address			
Other Phone			
Date of Request			
Proposed Date to Begin Project			
Signed			

Attached are 4 sets of plans prepared by an architect or designer.

Attached are photographs, a sketch and a **written description** of the project.

Send a copy of your contractor's insurance policy with a copy of any exclusions to the Chair of the Architectural Review Committee. (The Chair will note acceptance and forward it on to the Chair of the Insurance Committee.)

The owner acknowledges and agrees that the Association's representative(s) must have periodic access to the remodel project in order to insure that the project is being undertaken in a manner safe to the other units in the building, and in accordance with the plans, specifications and procedures approved by the Association.

- The Association's representative will determine the appropriate stages of the project at which inspections will be made.
- The owner will insure that the Association's representative will be given full and complete cooperation from the owner's contractor at all times during the project.
- The owner acknowledges and agrees that the Association's representative has the unilateral authority to "Red Tag", or stop all construction activity, if the representative determines that an unsafe condition exists, or if the work is not complying with the Association approved plans, specifications and procedures.

Send to: CHOA / Architectural Review Chairman
 c/o WMC Inc
 P.O. Box 6955
 Tahoe City, CA 96145

Project completed on _____ Project inspected by _____ Date _____