



**LAKWOOD CROSSING AT HAMPSHIRE HOMEOWNERS ASSOCIATION
ARCHITECTURAL IMPROVEMENT APPLICATION**

Date of Application: _____ Phone: _____

Name: _____

Address: _____

Email Address: _____

Nature of Improvement (Be specific, including color & style): _____

Board Size (fence only): _____

Dimension (if applicable): _____

Construction Material (If applicable): _____

Supplier: _____

A DETAILED CONTRACTORS PLAN PLUS A SKETCH OF ALL IMPROVEMENTS ON YOUR PLAT OF SURVEY MUST BE SUBMITTED WITH THIS APPLICATION TO SHOW LOCATION AND DIMENSIONS. **ARCHITECTURAL IMPROVEMENTS WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION.** IMPROVEMENTS MUST CONFORM TO THE LAKEWOOD CROSSING GOVERNING DOCUMENTS, AND TO LOCAL ORDINANCES.

I agree to abide by the rules set forth by the Association and accept full responsibility for all upkeep and maintenance of this improvement. I further understand that I must advise the purchaser of my unit, that he/she is responsible for the ongoing upkeep and maintenance of this improvement.

Signature: _____ Date: _____

Date Received: _____ Received By: _____

Approved: _____ Disapproved: _____

Reason for Disapproval: _____

Please mail completed application and requested documents to:
Lakewood Crossing C/O Firstservice Residential,
2541 Ross St., Hampshire, IL 60140
Email: lakewoodcrossing.east@fsresidential.com
Please allow 30 days for Board review of your application.