REMINGTON TRAILS II TOWNHOME ASSOCIATION

ALTERATIONS & ADDITIONS APPLICATION

Revised June 15, 2022 DO NOT USE OLD FORMS PRIOR TO THIS DATE

HOMEOWNER:	DATE:	
ADDRESS:	PHONE: Email	
DESCRIPTION OF IMPROVEMENT:		
DIMENSIONS: SU	PPLIER	
APPROXIMATE COST:	J.U.L.I.E. DIG #	
Contractor Name	re) Work to be done by contractor? _ Contractor phone number d Workman's Comp insurance. Attach to this re	
	WITH ANY REQUIREMENTS SET FORTH BY THE IAVE BEEN OBTAINED PRIOR TO INSTALLATION	
<u>A SKETCH OF ALL IMPROVEMENTS MUS</u> <u>DIMENSION RELATIVE TO EXISTING STR</u>	T BE ATTACHED TO THE APPLICATION TO SHOW	W LOCATION AND
	ERATION, I ACCEPT FULL RESPONSIBILITY FONTABLE CONDITION. See Special Notes at b	
SIGNATURE	DATE	

Homeowner, PLEASE RETURN TO: Remington Trails 2, c/o ACM Management, 650 Warrenville Rd, Suite 400, Lisle, IL 60532 Phone: 630-620-1133 Email: customercare@acmweb.com Fax=630-963-5189

FOR INTERNAL USE ONLY				
DATE RECEIVED:				
Signature required by TWO (2) Bo	bard membe	ers.		
DATE APPROVED:	Ву:		 	
DATE APPROVED:				
Sign, print name and title.				
If request rejected,				
REASON FOR DISAPPROVAL:			 	
FINAL INSPECTION BY: DATE:				
		#	 	

Special Notes:

NO WORK CAN BE STARTED WITHOUT APPROVAL VIA THIS FORM.

ALL MODIFICATION OR ADDITIONS MUST CONFORM TO THE COLOR AND STYLE OF THE COMMUNITY.

FOR SATELLITE DISHES, PLEASE STATE SPECIFICALL Y WHERE THE INTENDED INSTALLA TION IS TO BE. Preferred location is back roof, not visible from the street. Mounting to side of the building or on your deck is NOT preferred.

RADON Mitigation Systems, see separate Document on Website or contact manager.

Required for patios, Plat of Survey. Contractor name, address and phone number. Contractor insurance. J.U.L.I.E dig number. Village Permit number. Also, material type, must be <u>permeable</u>. Color and style must be approved.

For any landscape addition, modification or removal. Must be approved before removal of any material. Agreement with adjoining neighboring unit is required.