VINEYARDS OF SARATOGA HOMEOWNERS ASSOCIATION

ARCHITECTURAL MODIFICATION APPLICATION FORM

TO THE BOA	ARD OF DIRECTORS:		
		Date:	
Property Addre	ess:		
Owner Address	s (if different):		
Owner Phone:	Home:	Work:	
*Description of Improvement Applying for:			
Colors (s):			
Location(s): Di	mensions:		
Construction M	laterials:		
Contractor:			
and attached to timely decision considered for a Affidavit: I/We a restrictions conta Board of Direct	application. Complete information regal. Applications are reviewed at the next sapproval. The approval are the current owner of the above-described ained in the Declaration of Covenants, Conformation on this application, including all conditions.	on and dimensions, must be submitted with this application rding your request must be received for the Board to make a scheduled Board meeting. Incomplete applications cannot be d property for which this application is made. I/We understand the ditions and Restrictions and agree to abide by the decision of the itions, which may be put on approval. I/We agree to be solely	
encroachment the responsible for convill reimburse of that final approvapplication and expense, will remaintenance of the way for such reproductions of approximation of approxi	his improvement may make on adjoining obtaining all permits that may be required, a lineyards of Saratoga HOA for any liability all is conditional on an inspection of the country that the improvement of the property to its condition before the structures and areas, I/We will be solely pairs and maintenance. I/We will notify such	maintaining the improvements in good condition, and any unit owners' property <i>and/or</i> common elements areas. I/We are complying with any building codes or regulations that apply, and y or costs arising because of this improvement. I/We understand impleted improvement for compliance with the description in this nent does not meet the final inspection criteria, I/We, at our sole are work began on improvement. If necessary for repair and responsible for removing and replacing the improvement to make dessive owner (s) of this property of this unique improvement, the sumes no responsibility for this improvement, and of their duty to	
All Owners of	Property Must Sign Below:		
Date:	Signed:	Printed Name:	
		Printed Name:	
=========		ECTORS USE ONLY	
Date Application Received:		Received by:	
Date Approved	:Date Disapproved:	Signed by:	