Firebrook Estates Homeowners Association Alpha Association Management 424 Lewis Hargett Circle, Suite 250 Lexington, KY 40503

ARCHITECTURAL CHANGE OR IMPROVEMENT APPLICATION

Name		
Address		
City/State/Zip		_
Phone(s) H:	W:	_
Email:		
Date Submitted	Date Received by Association	
("Covenants") and the asso		on covenants, easements, charges, and liens quest your consent to make the following ne exterior of my home:

Please attach detailed (to scale) drawings or blueprints of your plans.

I understand that under the Covenants, the Association will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

- I. No work or commitment of work will be made by me until I have received written approval from the association.
- 2. All work will be done at my expense and all future upkeep will remain at my expense.
- All work will be done expeditiously once commenced and will be done in a professional, workmanlike manner by myself or a contractor.
- 4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other property owners.
- 5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
- 6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
- 7. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws; codes: regulations; and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that the Homeowners Association, its board of directors, its agent, and the Association have no responsibility with respect to such compliance and that the Board of Directors' approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.
- 8. Contractor name (if applicable):

9.	П	approved,	tne	work	would	start	on	or	about		and	would	be	completed	by
	_														
I0.	Ву	signing thi	s doc	ument,	I/we at	test tha	at we	hav	ve read	and under	stand	the gove	ernir	ng document	s of
	the	Firebrook	Estat	es Hon	neowner	s Asso	ociati	ion,	Inc. and	d agree to	abide	by all C	over	nants relevai	nt to
	thi	s improven	nent.												
	Sig	gnature:							_						

Final approval will be given when a copy of the city permit is submitted to the Firebrook Estates office.

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Association Contact Information:

Phone: 859-214-0034 Email: <u>ashton@alphahoa.com</u> Website: <u>www.firebrook.net</u>