

PARK RIDGE

Park Ridge SUBDIVISION MODIFICATION APPLICATION

PARK RIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

PLANS AND SPECIFICATIONS MUST BE ATTACHED

Owner/Applicant

Name(s): _____

Job address _____

City: _____ State _____ Zip _____

Phone# _____

Email: _____

DATE: _____

Building Site Information

Lot# _____

Subdivisio Park Ridge

CONTRACTOR INFORMATION (If applicable)

Are you doing the work yourself? YES _____
NO _____

Name _____ Nam _____

Address _____ Phon (Day _____

Phon) _____ Does the City Require a Permit?

Require Yes _____ or No _____

PLANNED ACTIVITY: [] Privacy Fence [] Storage Building [] Children's Play Set
[] Landscape Plantings [] Other

BRIEF DESCRIPTION OF WORK

PARK RIDGE



By signing below, I certify that I have read the Declaration of Single Family Residential Protective Covenants, Conditions, and Restrictions for Park Ridge Subdivision, along with any and all amendments thereto (the “Covenants, Conditions and Restrictions”) and understand that I must comply with the Covenants, Conditions and Restrictions. I also certify that I have read the Park Ridge Architectural Review Committee Post House Closing Design Guidelines (the “Design Guidelines”) that have been adopted by the Park Ridge Homeowner’s Association Board of Directors and understand that I must comply with the Design Guidelines. I also certify that I have read this application and exhibits attached hereto (the “Application”) and agree to comply the terms set forth herein. I hereby acknowledge that I must wait on full Architectural Review Committee, **which can take up to 30 days**, approval before commencing any work on my property. Furthermore, I hereby acknowledge that if I fail to comply in full with the Covenants, Conditions and Restrictions, the Design Guidelines, or the Application, **I am subject to any and all remedies available to the Park Ridge Homeowner’s Association, Inc. pursuant to the aforementioned documents and applicable laws. FILL OUT COMPLETELY BEFORE SUBMITTING, NO JPEG allowed. Scan to jbonner@regencymultifamily.com or fax to 334-347-0139**

OWNER

Signature required

Date

PARK RIDGE

