

# Cedar Crossing II Home Owners Association Architectural Change Request

Submittal Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Description of proposed modification: \_\_\_\_\_

Material (s) List: \_\_\_\_\_

Manufacturer (model #): \_\_\_\_\_

Color Sample (s): \_\_\_\_\_

Dimensions: \_\_\_\_\_

Location: \_\_\_\_\_

In addition to the above information, the following items **must** be included, when appropriate, along with this form for property review:

- ✓ Plat of survey with the location of the item drawn on the plat.
- ✓ Please provide any drawings that you may have received from the subcontractor/vendor
- ✓ A copy of the building permit issued by the Village of Lake Villa

All work must be completed within a 90 day time period. If additional time is needed, an extension must be requested in writing to the Cedar Crossing II Home Owner Association.

Please submit requests to:

Cedar Crossing II Home Owner Association  
PO Box 1008  
Lake Villa IL 60073

Or Email with appropriate attachments: [contact@cedarcrossing.org](mailto:contact@cedarcrossing.org)

Please allow 7 days for review and approval prior to starting any work

Home Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_