

Wallin Woods HOA

Date of Application: _____ Phone: _____ Fax: _____

Name: _____

Address: _____

Nature of Improvement (Be Specific, including color & style)

Location (if applicable):

Dimension (if applicable):

Construction Material (if applicable):

Supplier: _____

A SKETCH OF ALL IMPROVEMENTS ON YOUR PLAT OF SURVEY MUST BE SUBMITTED WITH THIS APPLICATION TO SHOW LOCATION AND DIMENSIONS. ARCHITECTURAL IMPROVEMENTS WILL NOT BE CONSIDERED WITHOUT THIS SKETCH.

I agree to abide by the rules set forth by the Architectural Improvement Committee and accept full responsibility for all upkeep, maintenance and encroachment that this improvement may make on the community area. I further understand that I must advise the purchaser of my unit, that by purchasing my unit, he/she is responsible for the upkeep, maintenance and encroachment that this improvement may make on the community area.

Signature: _____ Date: _____

Date Received: _____ Received by: _____

Date Approved:_____ Date Disapproved:_____

Approved By: _____ Disapproved By: _____

Reason for Disapproval:

Mail or E-mail application and Sketch of Improvement to:
Wallin Woods HOA c/o Pathway Property Management, Inc.
P.O. Box 372 Lockport, IL 60441.
Attn: Architectural Review Committee
mark@pathwaypropertymgt.com

Mail or E-mail application and Sketch of Improvement to:

Wallin Woods HOA c/o Pathway Property Management, Inc.

P.O. Box 372 Lockport, IL 60441.

Attn: Architectural Review Committee

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