



**LAKE BARRINGTON COMMUNITY  
HOMEOWNERS ASSOCIATION**

64 Old Barn Road  
Lake Barrington, Illinois 60010  
Phone: 847-382-1660  
Fax: 847-382-2731

**APPLICATION FOR ARCHITECTURAL REVIEW**

Homeowner Name \_\_\_\_\_ Condo \_\_\_\_\_

Unit Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> DECK or BALCONY       | <input type="checkbox"/> RADON MITIGATION          |
| <input type="checkbox"/> WINDOWS & PATIO DOORS | <input type="checkbox"/> ANTENNA or SATELLITE DISH |
| <input type="checkbox"/> FRONT OR STORM DOOR   | <input type="checkbox"/> GARAGE SERVICE DOOR       |
| <input type="checkbox"/> AWNINGS               | <input type="checkbox"/> OVERHEAD GARAGE DOORS     |
| <input type="checkbox"/> SKYLIGHTS             | <input type="checkbox"/> OTHER _____               |

Describe briefly the work\* you wish to do or explain the reason for your proposal:

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\*Does the proposed work affect ANY type of landscaping?  Yes  No  
If yes, please detail what would be affected on a separate sheet and attach it to this application. You may need to complete a Landscape Variance with this application. **THIS INFORMATION MUST BE SUBMITTED PRIOR TO REVIEW OF YOUR APPLICATION.**

***Submit completed application and attachments to the Management Office. Management will forward your application to the proper review body for their agenda. Allow at least one week before the Architectural Commission meeting, which is normally held on the first Monday of the month. Please allow time for approval by your Condo Board as well.***

**OWNER'S SIGNATURE:** \_\_\_\_\_  
(Required)

**DATE:** \_\_\_\_\_

For Office Use
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**RECOMMENDATION AND APPROVAL FORM**  
**(For Office Use Only)**

Homeowner Name \_\_\_\_\_ Condo \_\_\_\_\_

Unit Address \_\_\_\_\_



**LANDSCAPE DIRECTOR RECOMMENDATION**

On \_\_\_\_\_, the Landscape Director reviewed the drainage and landscape impacts of the attached Application for Architectural Review and made the following recommendation(s):

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Landscape Director



**ARCHITECTURAL COMMISSION RECOMMENDATION**

On \_\_\_\_\_, the Architectural Commission met and reviewed the attached Application for Architectural Review and made the following recommendation(s):

- RECOMMENDED**       **NOT RECOMMENDED**       **TABLED**       **AFTER-THE-FACT**  
 **ENCROACHES ON COMMON ELEMENTS**

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairperson



**CONDOMINIUM BOARD OF DIRECTORS APPROVAL**

On \_\_\_\_\_, the Condominium \_\_\_\_\_ Board met and reviewed the attached Application for Architectural Review and made the following decision:

- APPROVED\***       **NOT APPROVED**       **TABLED**  
 **REQUIRES APPROVAL OF ALL CONDO HOMEOWNERS\*\***       **LEASE OR LICENSE ON FILE\*\***

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Board President

*\*The Board's final approval is contingent upon unit owner's acquisition and posting of a Building Permit if one is necessary.*

*\*\*Illinois Condominium law requires approval by all homeowners of the affected condominium to permanently allow a change which increases the limited common elements of a unit. Otherwise, the Board (per their Board policy) may grant a revocable license or a revocable lease that allows the increase.*

**CONTRACTOR INFORMATION FORM**

Homeowner Name \_\_\_\_\_ Condo \_\_\_\_\_

Unit Address \_\_\_\_\_

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Company Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Notes to Unit Owner **and** Contractor:

- Contractor must be given a copy of the LBS requirements document for this project, and must agree to follow all specifications in the work that is performed.
- Contractor is responsible for the performance of all subcontractors.
- Contractor must be licensed with the Village of Lake Barrington to work in LBS.
- A Building Permit from the Village of Lake Barrington may be required. Call 847-381-6010
- Call J.U.L.I.E. at 811 and LBS Public Works at 847-382-1660 about location of utilities before you dig.
- Unit owner must make certain that any hired contractor carries General Liability and Workers' Compensation Insurance.

**I have read the LBS Requirements document for this project and agree to comply with all specifications with respect to materials, design and installation.**

**Contractor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NEIGHBORS' SIGNATURE FORM**

For \_\_\_\_\_ project at \_\_\_\_\_  
(Homeowner Name) (Unit Address)

NOTE TO ALL **UNIT OWNERS** WHO SIGN THIS SHEET (requires owner's signature):  
This signature sheet allows you to comment on the construction project that is being proposed by your neighbor. Your signature indicates that you have reviewed the proposed project. In addition, if the project is for certain types of window changes in your building, it may be setting a precedent for you and all future owners of your unit in case you want to change similar windows. Details of this requirement are provided in the LBS Standards and Guidelines for Windows and Patio Doors. (See *Supplementary Information to determine if this form is required*).

1. Name (please print): \_\_\_\_\_

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

AGREE \_\_\_\_\_ OBJECT \_\_\_\_\_

Comments: \_\_\_\_\_

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

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2. Name (please print): \_\_\_\_\_

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

AGREE \_\_\_\_\_ OBJECT \_\_\_\_\_

Comments: \_\_\_\_\_

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

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3. Name (please print): \_\_\_\_\_

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

AGREE \_\_\_\_\_ OBJECT \_\_\_\_\_

Comments: \_\_\_\_\_

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

ATTACHMENT(S) TO  
APPLICATION FOR ARCHITECTURAL REVIEW

REPLACE THIS PAGE WITH THE DOCUMENTS THAT APPLY TO YOUR PROJECT (see Supplementary Information):

- Contractor Proposal
- Drawings/Blueprints (must be on 11" x 17" paper or smaller)
- Photographs
- Other pertinent information (such as, vendor or product brochures)