



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 _____ Email Address _____

- | | |
|--|--|
| <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 DOOR |
| <input type="checkbox"/> SKYLIGHTS | <input type="checkbox"/> OTHER _____ |

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

*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

RECOMMENDATION AND APPROVAL FORM

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 _____

Company Name: _____ Years in Business: _____

Contractor's Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email Address: _____

Insurance Company Name: _____ Policy No.: _____

Notes to Unit Owner **and** Contractor:

- Review completely the rules and criteria pertaining to Common Elements (see current issue of Lake Barrington Shores Handbook).
- Building Permit and a valid license are required from the Village of Lake Barrington. Call 847-381-6010 for further information.
- Call J.U.L.I.E. at 811 about utilities before you dig.
- Call LBS Public Works (847-382-1660) before digging to locate our private utilities.
- All Photographs, drawings, sketches, etc., submitted with this application will be attached to the Application which is permanently filed with homeowner's records.
- Contractor is responsible for all sub-contractors.
- **Failure to comply with LBS Requirements with respect to aesthetics, proper installation or structural damage will result in mandatory corrections. For replacement of Windows and Patio Doors, removing exterior trim and installing proper flashing is essential.**

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: _____

2. Name (please print): _____

Address: _____

AGREE _____ OBJECT _____

Comments: _____

Signature: _____ Date: _____

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)