

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	
DECK or BALCONY WINDOWS & PATIO DOORS FRONT OR STORM DOOR AWNINGS SKYLIGHTS Describe briefly the work* you wish to	RADON MITIGATION ANTENNA or SATELLITE GARAGE SERVICE DOOF OVERHEAD GARAGE DO OTHER do or explain the reason for years	POR
*Does the proposed work affect <u>ANY</u> t If yes, please detail what would be affe application. You may need to complet INFORMATION MUST BE SUBMITTED	ected on a separate sheet and a te a Landscape Variance with t PRIOR TO REVIEW OF YOUR	his application. THIS APPLICATION.
Submit completed application and atta forward your application to the proper week before the Architectural Commis Monday of the month. Please allow til	r review body for their agenda. ssion meeting, which is normal	Allow at least one lly held on the first
OWNER'S SIGNATURE:	(Dogwined)	For Office Use
DATE:	(Required)	

RECOMMENDATION AND APPROVAL FORM

Homeowner Name			Condo
Unit Address			
LANDSCAPE DIR	ECTOR RECOMMENDA	TION .	
On, the Application for Architectural	ne Landscape Director reviewe Review and made the followin	d the drainage and landscapg recommendation(s):	pe impacts of the attached
Comments:			
Signature of Landscape Dir	ector		
ARCHITECTURAL	COMMISSION RECOMI	<u>MENDATION</u>	
On, the Review and made the follow	ne Architectural Commission m ving recommendation(s):	et and reviewed the attache	d Application for Architectural
	☐ NOT RECOMMENDE	D TABLED	AFTER-THE-FACT
☐ ENCROACHES ON CO	MMON ELEMENTS		
Comments:			
Signature of Chairperson			
CONDOMINIUM E	BOARD OF DIRECTORS	<u>APPROVAL</u>	
On, the Review and made the follow	ne Condominium Board n ving decision:	net and reviewed the attache	ed Application for Architectural
APPROVED*	☐ NOT APPROVED	☐ TABLED	
REQUIRES APPROVAL	OF ALL CONDO HOMEOW	NERS** □LEAS	E OR LICENSE ON FILE**
Comments:			
Signature of Board Preside	nt		

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

^{**}The Board approval is only valid for 12 months from the date of the approval.

CONTRACTOR INFORMATION FORM

Homeowner Name		Condo
Unit Address		

Contractor's Name:		
Business Address:		
City:	State:	Zip:
Business Phone:	Email Address:	
Insurance Company Name:		Policy No.:
Notes to Unit Owner <i>and</i> Contractor:		
 Review completely the rules an of Lake Barrington Shores Han 		mon Elements (see current issue
 Building Permits may be require for further information. 	ed from the Village of Lake E	Barrington. Call 847-381-6010
Call J.U.L.I.E. at 811 about utili	ties before you dig.	
Call LBS Public Works (847-38)	2-1660) before digging to lo	cate our private utilities.
 All Photographs, drawings, ske the Application which is permar 		nis application will be attached to s records.
Contractor is responsible for all	sub-contractors.	
 Failure to comply with LBS R installation or structural dam replacement of Windows and proper flashing is essential. 	age will result in mandato	ry corrections. For
Homeowners are to make certai Worker's Compensation Insurar Vil		
Contractor's Signature:	_	Date:

NEIGHBORS' SIGNATURE FORM

Foi	r project at (Unit Address)	
	(Homeowner Name) (Unit Address)	
Thi	OTE TO ALL UNIT OWNERS WHO SIGN THIS SHEET (requires owner's signature): is signature sheet allows you to comment on the construction project that is being proposed by ur neighbor. Your signature indicates that you have reviewed the proposed project. In	y
ado	dition, if the project is for certain types of window changes in your building, it may be setting a	
	ecedent for you and all future owners of your unit. Details of this requirement are provided in the	
	<u>S Standards and Guidelines for Windows and Patio Doors</u> . (See Supplementary Information t termine if this form is required).	0
uoi	terrimie ii une rerri le reguirea).	
1.	Name (please print):	
	Address:	
	Comments:	
	Signature. Data:	
	Signature: Date:	

2.	Name (please print):	
	Address:	
	Comments:	
	Signature: Date:	
	Signature Date	

3.	Name (please print):	
	Address:	
	Comments:	
	Cinn at use	
	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)