

CAMBRIDGE LAKES TOWNHOME OWNERS ASSOCIATION
ARCHITECTURAL IMPROVEMENT APPLICATION (See Article #3.07 Declaration)
SATELLITE DISH APPLICATION (See Article #8.03 of Declaration)

DATE RECEIVED: _____ DATE RETURNED: _____

NAME: _____ LOT NUMBER: _____

Address: _____ Pingree Grove, IL 60140

HOME PHONE #: _____ WORK PHONE: _____

NATURE OF REQUEST: _____

COLOR (IF APPLICABLE): _____ STYLE: _____

LOCATION: _____

DIMENSION: _____

SUPPLIER/CONTRACTOR: _____

Installer/Contractor: _____

**A REPRESENTATIVE DRAWING OF ALL PROPOSED IMPROVEMENTS
MUST BE ATTACHED TO SHOW LOCATION AND DIMENSIONS.**

As of the approval date of this alteration, I accept full responsibility for all of the upkeep of the altered area and agree to maintain it in a safe condition.

Signed: _____ Date: _____

Application will not be valid unless signed.

Sketch of improvement is attached: YES NO

Received By: _____ Date: _____

Approved By: _____ Date: _____

Reason for Disapproval: _____

Please mail application to: CAMBRIDGE LAKES COMMUNITY ASSOCIATION
c/o FOSTER/PREMIER, INC.
jmccaw@fosterpremier.com
750 W. Lake Cook Road
Buffalo Grove, IL 60089
Or fax to: 847-459-1240