

Every Homeowner must apply for and receive approval from the Architectural Control Committee (ACC) prior to any alteration of existing improvements or installation of non-existing improvements, per the Declaration and/or Covenants, Conditions and Restrictions of the Association. The Committee will respond to your request within 60 days or less of the Committee receiving the required information. *If the ACC committee requires more information, the response time can be extended.*

DARBY ESTATES CONDOMINIUM OWNERS ASSOCIATION

Architectural Control Committee

Modification Request

Name _____

Address _____

Phone _____ Email _____

Cell Phone _____ Fax _____

Description of Modification

1. Is a permit required? _____ obtained? _____

2. Are there any set back requirements? (You must call City to verify) _____

3. Approximate time for completion of project: _____

4. Will this impact neighboring or common areas? _____

If so, please have neighbors sign in section on following page.

5. Who will be doing the work? _____

5a. Contractor's License # _____

5b. Copy of Certificate of Insurance & Business Name _____

6. If painting, adding fencing, etc., color scheme must be submitted.

7. The following items must be included with the completed form along with supporting detail to explain your request (*brochures, plans, drawings, height of finished project, etc.*)

Owner Signature: _____ Date: _____

CWD Group, Inc. AAMC®
2800 Thorndyke Avenue West
Seattle, WA 98199
Telephone: 206-706-8000
Fax: 206-706-7679
DarbyEstates@cwdgroup.com

Modification Request for Darby Estates Condominium Owners Association

Owner Name _____

Neighbor Acknowledgement

*(A neighbor's signature does not imply approval of the modification;
only that the neighbor has been made aware of this modification request.)*

Signature Address:	Signature Address:
Signature Address:	Signature Address:

You must call the City and or County and verify that your project will be in compliance with the following:

The topographic conditions of any Lot shall not be altered in any way that would adversely affect or obstruct the approved and constructed storm drain system and surface flows without the written consent of the Board.

Called: Yes or No Name _____

Please list the attachments you are submitting with the request:

Signature _____ **Date** _____

Architectural Control Committee Recommendation:

ACC and/or Board Signature(s):

Date Returned to Requesting Owner _____