



**CENTENNIAL CROSSING
HOMEOWNERS ASSOCIATION**

**ARCHITECTURAL IMPROVEMENT
APPLICATION FORM**

**Please complete this form and submit it per
the instructions below.**

Date: _____
 Name: _____
 Address: _____
 Telephone: _____
 E-Mail Address: _____

Nature of Improvements: _____

Color and Style: _____
 Location: _____
 Dimensions: _____
 Construction Materials: _____
 Supplier: _____
 Approximate Cost: _____

Required Attachments Sketch of improvements including dimensions and locations
 Platt of Survey Contractor Certificate of Insurance

(A separate village permit is needed for some projects (fences, decks, etc. – please contact the Village for info). Please retain your original documents as CCHOA does not return submitted documentation.

We, the undersigned, do hereby acknowledge that we understand the rule concerning the proposed improvement. We agree to abide by the rule set forth by the Board of Directors and will be solely liable for upkeep maintenance on this improvement.

_____ _____
 Homeowner Signature Date

PLEASE DELIVER YOUR APPLICATION PACKAGE TO THE ARCHITECTURAL REVIEW DEPT.
CCrossingArchitectural@gmail.com
 Or deliver to BILL THORSEN, 601 S. Ontario St, Vernon Hills, IL 60061

FOR OFFICE USE ONLY:	
Approved by:	Date Application Rec'd:
Inspected by:	Received by:
Inspected on:	Approved by:
Reasons for Disapproval:	