

Request for Architectural Change
Danbury Place Owners Association
Sunnyvale, CA 94089

Repair/Replacement to be performed (attach a picture or specification if necessary):

Will a Contractor be used? ____ yes ____ no

If yes, _____ () _____
Contractor's Name License # phone #

If yes, but Contractor unknown at this time, please initial the following:

I agree to engage a California licensed contractor which will: provide its own liability and worker's compensation insurance; observe all applicable laws, regulations, and building codes; and employ industry accepted building and remodeling practices. I will assume full responsibility for paying the contractor(s).

(initials)

Work to begin by: ____/____/____ **Work to be completed by:** ____/____/____

Is this architectural change covered by an existing HOA specification? ____ yes ____ no

If yes, I have read the HOA specification and will ensure that the work complies with the specification. _____
(initials)

Agreement

I will not bind the Association to any contract, nor will the Association be a party to any contract related to the repairs.

I will assume full financial responsibility for reimbursing the Association, other town-home owners, or injured parties for any damages which may arise in conjunction with the building repairs from my actions or those of the contractor(s).

I will ensure that all work is completed within the specified time frame and that the final appearance of the change will be consistent with the architectural detail and color characteristics that existed prior to repair/replacement.

I understand that, in granting approval to make necessary repairs, the Association does not accept liability or responsibility for the outcome or effectiveness of these actions, and that the Association assumes no responsibility to implement these or similar modifications in this or any other town-home.

By undertaking the above-mentioned repair/replacement, I agree to be bound by these terms.

_____/_____/_____
(Owner's signature and address) (date)

(Owner's signature) (phone numbers)

Approved by Board of Directors _____ Date _____