## HERRINGTON ESTATES HOMEOWNERS ASSOCIATION ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM

Date of Application:	Email:
Unit Owner:	
Address:	
Daytime Phone:	Evening Phone:
Fax # (If requesting application	n be faxed back to you)
Nature of Improvement:	Phone: Evening Phone: requesting application be faxed back to you) of Improvement:  con (if applicable): on (if applicable):
Dimension (if applicable):	
Construction Material (if appli	cable):
A REPRESENTATIVE DRAWING ATTACHED TO SHOW LOCAT As of the approval date of this all	IG OF ALL PROPOSED IMPROVEMENTS MUST BE ION AND DIMENSIONS. teration, I accept full responsibility for all of the upkeep of the
Homeowner's Signature:	Date:
Approved By:	Date:
☐ Disapproved:	
Please forward application to:	C/o FOSTER/PREMIER, INC.

Scan and Email: goleskiewicz@fosterpremier.com

Please email in ONE (1) PDF file. Please also attach photos in this one file.

Fax: 815-886-9480