

# FALLING WATERS HOMEOWNERS' ASSOCIATION, INC.

# HOME IMPROVEMENT APPLICATION FORM

Owner(s) Name(s):	Lot #:
Site Address:	Date:
Email:	Phone #:
This form is to be used for approval of exterior changes, imp Falling Waters including but not limited to structures, landso	

pools. This form is not required for general maintenance. Contact the HOA Board or ACC if

Covenants and Restrictions can be found at www.fallingwatershoa.com.

Every effort will be made to review your completed and submitted Property/Home Improvement Application Form as quickly as possible. Please allow up to 14 days (and up to 30 days to review a pool request) for completion of review.

Improvement construction may not begin until it has received written approval from the Architectural Control Committee (ACC) and the Board.

All work shall comply with Porter County's requirements.

you need clarification when to utilize this form.

Complete this form in its entirety and submit to our Property Manager, Riley Baros at <a href="mailto:rbaros@1stpropertymanagers.com">rbaros@1stpropertymanagers.com</a> along with a complete detailed Improvement Plan including material specifications, example pictures and plat map showing where the proposed modification will be placed.

Your documents must be submitted with the application fee for the process to begin. Please review the fee schedule below showing the appropriate fee for your improvement. You may pay through the residential portal or send a check or money order to 1<sup>st</sup> American Management Company made payable to Falling Waters HOA.

Improvement completion must not exceed 120 days without express written approval of the Falling Waters Architectural Control Committee.

## HOME IMPROVEMENT APPLICATION FORM

# **FALLING WATERS HOA**

#### ARCHITECTURAL REVIEW

### Fee Structure

Request	Fees
Property Improvement Under \$10,000.00	\$50.00
Property Improvements Over \$10,000.00	\$100.00
Swimming Pool	\$500.00

Improvement approval shall be contingent on the requirements herein as well as the Architectural Control Committee's determination that the improvement plans meet or exceed the architectural and aesthetic appearance of the development.

**Note**: Construction: operating or permitting the operation of any tool or equipment used in construction, drilling or demolition between the hours of 7:00 p.m. and 7:00 a.m. in such a manner that will disturb or annoy any reasonable person nearby. Between the period of May 1 and September 30, the time allowed to engage in construction shall be extended to include 30 minutes after sunset as such is determined by the U.S. Department of Commerce-National Oceanic & Atmospheric Administration.

<b>Does your project require a Porter County permit?</b> (If yes, please provide a copy of the permit)	YES	NO
Have you checked for easement encroachments?	YES	NO
Will your project block the view of the lake or		
common area of another homeowner?	YES	NO
Who will be performing all the work for this project?		
If someone other than the homeowner is performing the work number, email as well as their Certificate of Insurance which HOLDER box "As Also Insured", Falling Waters HOA, 102	states under the CER	TIFICATE
Contractor Name:		
Company Name:		
Contractor Phone Number:		
Contractor Email Address:		

Provide a description of your project and include as much detail as possible, including materials to be used, style, colors, and other pertinent information. Please provide a detailed drawing, picture, or blueprint of the proposed modification. Swimming pools will require a rendering of the project(s)

# HOME IMPROVEMENT APPLICATION FORM

1	F	Δ	I	I	H	N	C	T.	۸7	Δ	T	Fi	D	C	I	1	$\cap$	Δ	
	Г.	н	1	ш		N	lτ	v	v	м		r. I	П	٠.		יוד	ι,	н	٠

FALLING WATERS HOA	ARCHITECTURAL REVIEW
and layout on a plat of survey in addition to other d project requiring excavation must follow establishe Falling Waters and Porter County.	
Additional Comments:	
IMPORTANT NOTE: By submitting this docum	
me of the responsibility for obtaining any and all E local zoning ordinances. Absolutely no work shall approved, I agree to make the changes under the terapproval. All improvements must be on my proper year of the approval date. If any portion of the Asseither my contractor or myself then I agree to be resoriginal condition.	commence until written approval is received. If ms and conditions as specified in the letter of ty or property lines and completed within one ociation's property is disturbed or damaged by
I agree to all the terms and conditions of this reques Covenants, Restrictions and Policies:	st and as outlined in the Falling Waters
Homeowner Signature/Date:	
Homeowner	

Signature/Date:\_\_\_\_\_