

VILLAGES OF MORNINGSIDE I HOMEOWNERS ASSOCIATION

Return these copies to a member of the Board of Managers

REQUEST FOR ACTION:

DATE OF REQUEST: _____

UNIT OWNERS NAME: _____

UNIT: _____

By submission of this request the above owner petitions the Board of Managers to take action on the following (Please describe the action you are requesting):

Note: Board approval of additions or improvements of units and/or common areas is contingent on the understanding that the owner has sole responsibility for the cost, installation, and continued maintenance of said improvement and must adhere to the requirements set forth in the by-laws of the Villages of Morningside I or as otherwise provide in Article 13 section 1 and Article 5 sections 11 & 14 concerning owner responsibilities and procurement of necessary permits.

Board Action: Date _____ Approved _____ Disapproved _____ Continued _____

Comments:

Signed _____
Board of Managers

Please complete the information on the back concerning your project.

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If construction complete the following:

GENERAL CONTRACTOR: _____

SUB CONTRACTOR (If applicable) _____

PROPOSED CONSTRUCTION DATE _____

ESTIMATED LENGTH OF TIME OF CONSTRUCTION _____

COPY OF PLANS SUBMITTED: _____ **YES** _____ **NO**

TYPE OF ACTION: (example – bath, patio cover, flower beds) _____

LOCATION _____

NATURE OF MATERIALS _____

**PLEASE USE THE SPACE BELOW TO ADD ANY ADDITIONAL COMMENTS OR A
DIAGRAM OF THE PROPOSED CHANGE/CHANGES**

Note: If the construction involves the installation of a patio cover (full or partial), the homeowner making the request agrees, for himself/herself and any successor homeowner, that, by submitting the request for action, if the HOA at any time requires access to any portion of the fascia or soffit wood near the patio cover, the homeowner at the time such access is required shall be responsible for and pay the cost of making such access available for repairs or replacement by removing the interference of the patio cover, as determined by the HOA.

If not construction:

DESCRIPTION OF PROJECT: _____

LOCATION: _____

If flower gardening, do you have a copy of Morningside Landscaping Guidelines?

_____ **YES** _____ **NO**