

# CEDAR CROSSING

## Cedar Crossing II Homeowners Association Architectural Modification

Submittal Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Lot : \_\_\_\_\_

Description of proposed modification \_\_\_\_\_

Material (s) List \_\_\_\_\_

Manufacturer (model #) \_\_\_\_\_

Color Sample (s) \_\_\_\_\_

Dimensions \_\_\_\_\_

Location \_\_\_\_\_

In addition to the above information, the following items must be included, when appropriate, along with this form for property review:

- ✓ Plat of survey with the location of the item drawn on the plat.
- ✓ Please provide any drawings that you may have received from the subcontractor/vendor.
- ✓ A copy of the building permit issued by the Village of Lake Villa.

All work must be completed within a 90 day time period. If additional time is needed, an extension must be requested in writing to the CCII Master Homeowners Association.

**Please submit requests to:**

**Cedar Crossing Master Homeowners Association  
C/O Premier Residential Management Company  
4180 Route 83: Suite 14  
Long Grove, IL 60047  
Phone: 847-415-2540  
Fax: 847-415-2541  
Email: [customerservice@premierresmgt.com](mailto:customerservice@premierresmgt.com)**

**Please allow 7 days for review and approval prior to starting any work**

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_