

**EAGLE BEND WEST COMMUNITY ASSOCIATION, INC.**

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| **Form #4****Page 1 of 2** | **APPLICATION TO MAKE CONSTRUCTION OR DESIGN CHANGE**Please include three (3) sets of drawings and refundable construction deposit in the amount of $500.00 - $5000.00 (to be determined by the DRC dependent upon specific project), made payable to “Eagle Bend West Community Association, Inc.”Approval of **Form #4** grants approval to proceed with project.  |

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| --- | --- | --- | --- |
| Date Form #4 Prepared | Click or tap to enter a date. | Date DRC Received |  |

**Provide the following Owner information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Street Address | Phone # | E-mail | Lot # |
| Owner | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

*IF OWNER IS NOT MAKING SUBMISSION, PROVIDE ‘OWNER AUTHORIZATION FORM’ (Appendix #2) TO AUTHORIZE A DESIGNEE TO ACT AS AGENT ON BEHALF OF OWNER.*

**Provide the following *(if applicable):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Address | Phone # | E-mail | License # |
| Montana Licensed Architect | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Landscape Architect | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Contractor | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Proposed Change (attach sketch or drawings):

|  |
| --- |
| Click or tap here to enter text. |

Reason for Change:

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| --- |
| Click or tap here to enter text. |

It is understood and agreed that this Construction or Design Change approval when granted shall be for a period of six (6) months from the approval date hereof. If Construction has not been commenced and completed within the said six (6) month period, this approval shall be forfeited.

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| --- | --- | --- | --- |
| Signed: |  | Date: | Click or tap to enter a date. |

Owner or Authorized Agent

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|  |  |  |  |
| --- | --- | --- | --- |
| Construction or Design Change Approved |  [ ]  Yes [ ]  No | Date: |  |

Comments:

|  |
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|  |
| Signed: |  |

Design Review Committee



**EAGLE BEND WEST COMMUNITY ASSOCIATION, INC.**

**Form #4**

**Page 2 of 2**

AGREEMENT,

I hereby agree that I have read and understand the Eagle Bend West Community Association, Inc. Design Guidelines and will abide by said Rules and shall perform the Construction or Design Change approved herein in accordance with the final approved Application to Make Construction or Design Change. I will not make any changes without prior approval by the DRC.

I understand that my deposit may be used to make corrections for unauthorized work, to clean up site clutter, repair streets, trees or road shoulders and perform any other actions or repairs that are required to remedy infractions or violations to the Design Guidelines.

It is agreed that a conference shall be held among the Owner, Contractor and Architect prior to construction to review all Documents and assure the parties adherence to the Design Guidelines.

I shall also promptly pay any additional fees, fines or assessments for the stated purpose should I be so requested by the DRC.

I further agree to submit within 15 days prior to commencement of construction an insurance certificate naming the Eagle Bend West Community Association, Inc. as an additional insured on Owners and Contractors Policy.

I understand and agree that all construction and/or design changes must be commenced and completed within a period of six (6) months from the approval of this Application to Make Construction or Design Change.

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| --- | --- | --- | --- |
| Signed: |  | Date: | Click or tap to enter a date. |

Owner or Authorized Agent

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| --- | --- | --- | --- |
| Signed: |  | Date: | Click or tap to enter a date. |

 Contractor