

BRIERCLIFF

HOMEOWNER'S ASSOCIATION ARCHITECTURAL CHANGE APPLICATION

Owner: _____ Date _____

Address: _____, Hamburg, NY 14075 Phone: _____

Proposed Start Date: _____ Completion Date: _____

Contractor: _____ Phone Number: _____

Nature of proposed alteration or addition:

Materials to be used:

Be sure to include COPIES (not your originals) of the drawings or pictures showing:

1. Copy of your Survey
2. A Set of Plans (*hand drawings can be accepted if the are clear*)
3. Final Finished-Dimensions
4. Elevation / Cross Section(s)

PLEASE INFORM YOUR CONTRACTOR THAT SIGNS ARE NOT ALLOWED IN YOUR FRONT YARD AND TRAILERS CANNOT BE LEFT AT THE WORKSITE WITHOUT THE BOARDS APPROVAL OF A TRAILER VARIANCE.

Mail to

Briercliff Homeowners Association
PO Box 461
Hamburg, N.Y. 14075

Email to

HOA@BriercliffHomeowners.com

Please allow for a minimum of 14-Days days for processing

-----OFFICIAL USE ONLY-----

Application is: approved subject to final inspection disapproved
BHOA signature: _____ Date: _____
BHOA Officer: _____ (Name Printed)

Final Inspection Project is approved disapproved
BHOA signature: _____ Date _____
BHOA Officer: _____ (Name Printed)