

# DEER RUN HOA

## PROJECT APPROVAL FORM

Owners Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number : \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Estimated Date of Completion: \_\_\_\_\_  
Project completed by Contractor. \_\_\_\_\_Yes \_\_\_\_\_No  
Contractor Name & contact information (if applicable):  
\_\_\_\_\_

Project Description: Please give as much detail as possible, such as color samples/name/brand, materials, etc. If you are adding a new fence or house addition, please draw the location on the attached page.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the HOA committee will act on this request and provide me with a written response of their decision. I further understand and agree to the following:

1. No work or commitment of work will be made by me until I have received written approval from the association.
2. All work will be completed at my expense and all future maintenance will remain at my expense.
3. All work will be completed in a timely manner and will be completed in good workman like manner.
4. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
5. All work will be completed a time and, in a manner, to minimize interference and inconvenience to other homeowners.
6. I will be responsible for the conduct of all persons who related to this project.
7. I will be responsible for complying with and will comply with, all applicable federal, state, and local laws, codes, regulations, and requirements in connection with this project. I understand and agree that the homeowner's association, its board of directors, its agent and the committee have no responsibility with respect to such compliance and that the board of directors' or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.

Signature: \_\_\_\_\_

Association Approval: \_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ With conditions listed below or attached.

Committee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Committee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

