

LAKEWOOD VILLAGES II TOWNHOMES ASSOCIATION, INC.

Architectural / Landscaping Change Request Form

Date:	Phone:	
Name:		
Address:		
Email Address:		
Please review the Architectural/Landscaping Standing Rules as a guide for your project. A current copy may be obtained by sending a request to		

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If replacing your roof, please include the following: Manufacturer of Shingle: Type	
of Shingle: Color of Shingle:	
Color of Shingle:	
 You may be asked to provide a sample of shingles 	
I understand approval does not relieve me of the responsibility for obtaining any and all necessary building permits, variances, and/or observing all local zoning ordinances if applicable. I understand that approval does not constitute approval of the City of Bellevue (in whose zoning authority we reside), Sarpy County, or the State of Nebraska and that any work that I undertake may require the approval of one or more of these entities. All improvements must be on my property or property lines. If any portion of the Association's property is disturbed or damaged by either myself of my contractor, I agree to be responsible for and to restore to their original condition(s).	
No approval of the Board of Directors is intended or should be construed to provide any representation or certification that the proposed plans, specifications, design, construction, engineering, modifications or alternation is structurally sound, properly engineered, geophysical appropriate, legally or safely constructed or built according to the applicable building code or land use laws and regulations. Neither the Board of Directors, nor any member thereof, or the Association shall be liable to any owner, occupant, or other person for any damage or loss suffered or claimed as a result of the construction, existence, or, failure of the modification, or for any other claim, demand, suit or action attributable to or associated with the modification. If approved by the Board of Directors, I agree to make the changes under these terms and conditions.	O
Signature of Homeowner:	
*** DO NOT WRITE BELOW THIS LINE***	
Comments:	
Board Signature:	
Date: (Approval is valid for 6 months)	
APPROVED	
☐ DENIED	
☐ MORE INFORMATION NEEDED	
Please fax, mail, or e-mail request to:	

Please fax, mail, or e-mail request to:
P.J. Morgan Real Estate
7801 Wakeley Plaza
Omaha, NE 68114
402-397-7775 (Office)
402-397-6065 (Fax)
ekrolikowski@pjmorgan.com

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