

MOUNTAIN ROSE ESTATES HOMEOWNERS' ASSOCIATION

WAIVER APPLICATION FORM

Completed form can be inserted in the mail drop slot on the Condo Office garage door. **If not received by 8:30am on the Monday before the monthly HOA meeting, no decision will be rendered until the following month.** No action may be taken until, and unless, the Executive Board approves of your request.

TO: Executive Board of Directors:

FROM: _____ **ADDRESS:** _____

PHONE: _____ **PURPOSE:** _____ **ATTACHMENTS:** _____

Describe in detail the requested project with supporting documentation, if applicable. Use back of form if more space is needed. Note: Fences must have a one foot wide, centered on the fence, gravel border at ground level. All requests for trees, planting areas, and shrubs shall allow for mowing around them, without requiring weed whipping. **Any damage caused to any common element, including but not limited to, lawns, plantings, and sprinkler systems, will be repaired at the owner's expense.**

If this waiver is approved, applicant is informed and accepts the limitations as set forth in Article X of the Declarations that state the applicant shall cure, at his/her expense, any problems that develop during the ensuing time periods associated with the activity permitted herein. **FAILURE TO CURE THE PROBLEM(S) WILL RESULT IN WRITTEN REVOCATION BY THE EXECUTIVE BOARD THE PROVISIONS OF THIS APPROVAL.**

A&L Com. Recommendation: Approval(at owner's expense): _____ Disapproval: _____

Committee Chair: _____ Date: _____

Executive Board of Directors: Approved _____ Denied: _____ Date: _____

If denied, basis of decision: _____

President: _____ Secretary: _____