

**FALLING WATERS HOMEOWNERS’ ASSOCIATION, INC.**

**HOME IMPROVEMENT APPLICATION FORM**

Owner(s) Name(s): Lot #:

Site Address: Date:

Email: Phone #:

This form is to be used for approval of any changes, improvements or additions to a home in Falling Waters including but not limited to structures, landscaping/hardscaping, decks and pools.

Covenants and Restrictions can be found at [www.fallingwatershoa.com.](about:blank)

Every effort will be made to review your completed and submitted Property/Home Improvement Application Form as quickly as possible. Please allow up to 14 (and up to 30 days to review a pool request) for completion of review.

Improvement construction may not begin until it has received written approval from the Architectural Control Committee (ACC) and the Board.

All work shall comply with Porter County’s requirements.

Complete this form in its entirety and submit to our Property Manager, Riley Baros at [FallingWatersHOA@1stPropertyManagers.com](mailto:FallingWatersHOA@1stPropertyManagers.com) along with a complete detailed Improvement Plan including material specifications, example pictures and plat map showing where the proposed modification will be placed.

Your documents must be submitted with the application fee for the process to begin. Please review the fee schedule below showing the appropriate fee for your improvement. You may pay through the residential portal or send a check or money order to 1st American Management Company made payable to Falling Waters HOA.

Improvement completion must not exceed 120 days without express written approval of the Falling Waters Architectural Control Committee.

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| --- | --- |
| **Request:** | **Fees:** |
| Property Improvement Under $10,000.00 | $50.00 |
| Property Improvements Over $10,000.00 | $100.00 |
| Swimming Pool | $500.00 |

Improvement approval shall be contingent on the requirements herein as well as the Architectural Control Committee’s determination that the improvement plans meet or exceed the architectural and aesthetic appearance of the development.

**Note**: Construction: operating or permitting the operation of any tool or equipment used in construction, drilling or demolition between the hours of 7:00p.m. and 7:00a.m. in such a manner that will disturb or annoy any reasonable person nearby. Between the period of May 1 and September 30, the time allowed to engage in construction shall be extended to include 30 minutes after sunset as such is determined by the U.S. Department of Commerce-National Oceanic & Atmospheric Administration

**Does your project require a Porter County permit?** YES NO (If yes, please provide a copy of the permit)

**Have you checked for easement encroachments?** YES NO

**Will your project block the view of the lake or**

**common area of another homeowner?** YES NO

**Who will be performing all the work for this project?**

(If someone other than the homeowner is performing the work, please include name and phone number, email as well as their Certificate of Insurance which states under the CERTIFICATE HOLDER box “As Also Insured”, Falling Waters HOA, 102 Levanno Dr. Crown Point, IN 46307)

Contractor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE SPECIFICS OF YOUR PROJECT HERE:**

**Provide a description of your project and include as much detail as possible, including materials to be used, style, colors, and other pertinent information. Please provide a detailed drawing, picture, or blueprint of the proposed modification. Swimming pools will require a rendering of the project(s) and layout on a plat of survey in addition to other documentation as requested by the ACC. Any project requiring excavation must follow established erosion control measures as specified by Falling Waters and Porter County**

**Addition comments:**

**IMPORTANT NOTE:** By submitting this document, I understand that approval does not relieve me of the responsibility for obtaining any and all Building Permits, Variances, and/or observing all local zoning ordinances. Absolutely no work shall commence until written approval is received. If approved, I agree to make the changes under the terms and conditions as specified in the letter of approval. All improvements must be on my property or property lines and completed within one year of the approval date. If any portion of the Association’s property is disturbed or damaged by either my contractor or myself then I agree to be responsible for and to restore those elements to the original condition.

I agree to all the terms and conditions of this request and as outlined in the Falling Waters Covenants, Restrictions and Policies:

**Homeowner Signature/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Homeowner Signature/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**