

TAHOE VILLAGE



1771 TAHOE CIRCLE DRIVE
WHEELING, ILLINOIS
60090

CONDOMINIUM ASSOCIATION

Email tahoe_village@comcast.net
Ph 847-392-7637 Fax 847-392-7638

TAH- _____

UNABRIDGED EXTERIOR MODIFICATION REQUEST FORM REQUEST FOR EXTERIOR SECURITY CAMERA & ITEMS

List Project Details: _____

DATE RECEIVED

Security cameras, Ring doorbell cameras, Motion detection, IP Cameras ETC or similar

YOUR NAME _____

ADDRESS _____

YOUR PHONE# _____

YOUR EMAIL _____

I am requesting a _____



Please provide the following information

1 Project Specifications: _____

2 Attach a picture, diagram or brochure of proposed project parameters - location, dimensions, approved harmonizing colors, building integrity

3 Attach a certificate of insurance from your installer

4 Attach a copy of Village of Wheeling permit -if needed

5. Extraneous wires are not allowed

6 Is this DIY installation YES NO (If YES do you know what you are doing?)

7 List any other items subject for approval as needed _____



This is a Sample of items ONLY

All above items must be included with this application. The Board of Directors has up to 30 days to respond to this request. Any missing or incorrect information may cause a delay in the approval process.

HOLD HARMLESS DECLARATION

In consideration of permitting the above requested exterior modification improvement, I hereby release, indemnify and forever discharge the Tahoe Village Condominium Association, its officers, members of its Board of Directors, and its employees against loss, damage, or cost from any and all claims, demands, rights, repair work, maintenance and causes of action of what ever kind and nature arising from and by reason any and all known and unknown, foreseen and unforeseen, including but not limited to all construction and maintenance of the above described exterior improvement. I further agree to maintain this improvement at my sole expense and if required will remove upon sale of the home. I understand that I must disclose this improvement to any future buyer. **I HAVE READ, UNDERSTAND, and AGREE to all of the above.**

Homeowners Signature _____

Date _____

Management Review	Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>
Special Projects Commission	Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>
Final Inspection	Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>

OFFICIAL SEAL

APPROVAL DATE*

*This Form and /or permission expires in 60 days from date of APPROVAL. If modification is not complete within that time, please submit a new form for consideration.