

THREE SEASONS CONDOMINIUM OWNERS ASSOCIATION

APPLICATION FOR HOME IMPROVEMENT

NAME: _____ UNIT: _____

Description of work to be performed:

Contractor Information:

Business Name: _____

Physical Address:

Email: _____ Phone: _____

Business Name: _____

Physical Address:

Email: _____ Phone: _____

Business Name: _____

Physical Address:

Email: _____ Phone: _____

Business Name: _____

Physical Address:

Email: _____ Phone: _____

Property Manager: Have all current and proper liability and workman's compensation insurance certificates been received and filed **YES NO**

OWNER'S ACKNOWLEDGEMENTS: As an owner of a condominium in the Three Seasons Complex I understand **(Please initial each line):**

1. _____ that all proposed improvements must meet code requirements from the Town of Mount Crested Butte, the Mount Crested Butte Fire Department, State, and Federal entities. My signature below indicates that these standards are met.
2. _____ that any variation from the original application must be resubmitted in writing for Board approval before any variation work has begun.
3. _____ that no work shall commence until written approval has been received.
4. _____ that any construction or alteration undertaken by me or on my behalf before approval of this application is not allowed; that if alterations are made, I may be required to return the property to its former condition at my own expense if this application is denied wholly or in part, and that I may be required to pay all legal expenses incurred by me or the Homeowners Association.
5. _____ that any approval is contingent upon construction and alterations being completed in a workmanlike manner.
6. _____ that nothing herein contained shall be construed to represent that alterations to land or building in accordance with these plans shall not violate any of the provisions of building and zoning codes of the country to which the property is subject. Further, nothing herein contained shall be construed as a waiver or modification of any said restrictions.

The homeowner has 90 days to complete the work - and has to abide by the Town of Mount Crested Butte rules for when construction may begin and conclude on each day of the week.

The homeowner and all contractors are required to follow all the Three Seasons Rules and Regulations and Declaration.

Signature of Owner on Deed: _____ **Date:** _____

Printed Name of Owner on Deed: _____ **Date:** _____

Please mail this application to:
Three Seasons HOA
Attn: Grant Benton
701 Gothic Road
Mount Crested Butte, CO 81225
Or email to:
Grant@CrestedButteLodging.com

Three Seasons Board of Directors (USE ONLY)

Homeowners Name: _____ Unit: _____

Email: _____

Board Action: _____ Approved _____ Denied _____ Incomplete

Stipulations / Reasons:

Board President or HOA Manager Signature: _____

Print Name: _____

Date: _____