

This form must be submitted PRIOR to making any addition/alteration to the exterior of your home.

**BUCKINGHAM WOODS HOMEOWNERS ASSOCIATION**  
**ALTERATIONS & ADDITIONS APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DESCRIPTION OF IMPROVEMENT(S): \_\_\_\_\_

DIMENSIONS: \_\_\_\_\_ MATERIALS: \_\_\_\_\_

COLOR: \_\_\_\_\_ ESTIMATED COST: \_\_\_\_\_

PLEASE ATTACH:

1. PLAT OF SURVEY SHOWING THE EXISTING STRUCTURES AND:
  - a. THE SPECIFIC LOCATION OF THE PROPOSED ADDITION OR ALTERATION.
  - b. ANY CHANGES TO BE MADE TO THE GRADING (ANY SUCH CHANGES ALSO REQUIRE THE PRIOR WRITTEN APPROVAL OF THE VILLAGE OF STREAMWOOD).
  
2. PICTURE, PLAN OR DRAWING OF THE IMPROVEMENT(S).

I/We submit this Application pursuant to the Buckingham Woods Declaration of Covenants, Conditions, restrictions and Easements, and as amended. I/We acknowledge and agree that it is my/our responsibility to comply with all Village of Streamwood requirements regarding the proposed alteration or addition.

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ BY: \_\_\_\_\_

REASON FOR DISAPPROVAL: \_\_\_\_\_

FINAL INSPECTION DATE: \_\_\_\_\_ BY: \_\_\_\_\_

**FOR APPROVAL – FAX OR MAIL TO:**

Buckingham Woods Homeowners' Association  
5999 S. New Wilke Road, Suite 108  
Rolling Meadows, IL 60008  
PHONE: 847-806-6121  
FAX: 847-806-4568