

Exhibit A

**FOX BAY CIVIC ASSOCIATION
Property Improvement Form**

Today's Date: _____ Property Address: _____

Owner/Applicant's Name: _____

Mailing Address (if difference than property address): _____

Daytime Phone: _____ Evening Phone: _____

Type of work (Please check appropriate items):

- | <u>Architectural</u> | <u>Landscape</u> | <u>Equipment</u> |
|--------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Deck | <input type="checkbox"/> Landscape/Hardscape (circle one) | <input type="checkbox"/> Play Equipment |
| <input type="checkbox"/> Patio Cover(s) | <input type="checkbox"/> Removal of Existing _____ | <input type="checkbox"/> Spa & Equipment |
| <input type="checkbox"/> Pool w/pool fence | <input type="checkbox"/> Irrigation/Drains (circle one) | <input type="checkbox"/> Water Feature |
| <input type="checkbox"/> Additions | <input type="checkbox"/> Seawall | <input type="checkbox"/> Fireplace/Barbeque/Counter |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Attach the completed Neighbor Awareness Form and one (1) FULL set of plans and specifications, including elevations and cross-sections as needed to describe the project.

Owner's Signature

OWNER'S SIGNATURE ABOVE SIGNIFIES ACCEPTANCE AND UNDERSTANDING OF THE GUIDELINES, CC&R'S AND EACH EXHIBIT ATTACHED HERETO.

DATE: _____ **PROPERTY ADDRESS:** _____

Do not write below this line

- **Disapproved as presented (List Reasons/Specific Guidelines Not Met)**

- **Approved as presented**
- **Approved as revised/Conditional Approval:**

FBCA President Signature	_____	Date	_____
FBCA Vice President Signature	_____	Date	_____
FBCA Building Committee Signature	_____	Date	_____
FBCA Violations Signature	_____	Date	_____
FBCA Secretary Signature	_____	Date	_____
FBCA Treasurer Signature	_____	Date	_____

General Conditions and Disclaimers:

1. Only improvements depicted on the plans can be reviewed by the FBCA Board. The Owner is responsible to ensure all improvements are depicted on the plans submitted. Any improvements not depicted on the plans are not approved. Any change(s) to approved plans shall be deemed unapproved until resubmitted and approved.
2. All of the provisions of the Guidelines/Standards (including, but not limited to, the Conditions of Approval) are the provisions of the Governing Documents regarding Design/Architectural review; and are incorporated herein by this reference. The applicant has read and understands all provisions and agrees to comply therewith. Approval of plans is subject to and does not constitute a waiver of the terms and provisions of the Association's Declaration, Supplemental Declaration, Architectural Guidelines, Rules and Regulations or other Operative/Governing Documents. Any violation of the Governing Documents must be corrected upon notice of violation.
3. Approval by the Board does not satisfy an Owner's obligation to comply with all government laws and regulations affecting use of premises, subject to any approved plans. Approval by the Board does not constitute approval by the Township, City or County; and approval by the Township, City of County does not constitute approval of the Board.
4. Approval by the Board does not warrant structural safety, conformance with building codes or other applicable governmental requirements. Owner is responsible for all technical and engineering specifications. The Board reviews for aesthetic purposes only.
5. In the event that the Township, City and/or County require modifications to the plans and specifications previously approved by the Board, the Owner shall submit to the Board all modifications to the plans. The Board shall have the right to review and impose further conditions on such modifications which are not inconsistent with the requirements imposed by the Township, City of County.

DATE: _____ **PROPERTY ADDRESS:** _____

6. The Board shall have the right to impose conditions of approval of proposed Improvements which are more restrictive than conditions as may be imposed by the Township, City or County.
7. Building materials and construction equipment may not be stored on streets or property owned and/or maintained by the Fox Bay Civic Association. Streets may not be obstructed by construction equipment. All rubbish, debris and unsightly material or objects of any kind shall be regularly removed from the property and shall not be allowed to accumulate thereon.
8. Access or storage of equipment used during the course of construction must be through the homeowner's property only. Property owned and/or maintained by the Association shall not be used for construction access or storage, unless Owner obtains prior written authorization from Association, the Owner agrees in writing to indemnify Association for damage to property owned and/or maintained by Association which is damaged as a result of an Owner's project, and Owner posts a construction deposit for restoration of damage to property owned and/or maintained by Association.
9. Owner is financially responsible for any repairs and/or replacement to property owned and/or maintained by Association which is damaged as a result of an Owner's project.
10. Approval of plans and specifications shall apply only to the property for which approval is granted and is not authorization to proceed with Improvements on any property other than the property reviewed by the Board and owned by the Applicant.
11. Approval of plans and specifications is not authorization to revise the original drainage system installed by the merchant Builder and approved by the City/County.
12. Failure to comply with and satisfy all procedural requirements for an application may void approval.
13. It is the responsibility of the requesting Owner to obtain all appropriate signatures on the Neighbor Awareness form INCLUDING revised signatures for any later changes to the improvements reflected thereon. Any failure to obtain all appropriate signatures could render an approval from the Board void.

Exhibit B-1

FACING, LEFT, RIGHT AND REAR IMPACTED NEIGHBOR STATEMENT

The attached plans were made available to the following:

REAR NEIGHBOR
Name _____
Address _____
Signature _____

REAR NEIGHBOR
Name _____
Address _____
Signature _____

REAR NEIGHBOR
Name _____
Address _____
Signature _____

ASSOCIATION PROPERTY OR BACK YARD

LEFT NEIGHBOR
Name _____
Address _____
Signature _____

**PROPERTY
WHERE WORK
WILL TAKE
PLACE**

RIGHT NEIGHBOR
Name _____
Address _____
Signature _____

STREET

The neighbors have seen the plans that I am submitting for approval. (Please see above verification).

I understand neighbor objections do not in themselves cause denial. However, the Board will review the concerns in context with the guidelines to determine if their objections are valid.

FACING NEIGHBOR
Name _____
Address _____
Signature _____

SUBMITTED:

Name _____
Address _____
Date _____

APPLICANT: FAILURE TO OBTAIN ALL APPROPRIATE NEIGHBOR SIGNATURES MAY VOID APPROVAL.

NEIGHBOR: YOUR SIGNATURE ONLY CONFIRMS YOU HAVE SEEN THE PLANT. IF YOU HAVE AN ISSUE WITH THE PROPOSED IMPROVEMENT, THIS DOES NOT MEAN IT WILL BE AUTOMATICALLY DISAPPROVED. THE BOARD IS ONLY AUTHORIZED TO APPROVE OR DISAPPROVE ALL APPLICATIONS BASED ON THE GOVERNING DEED RESTRICTIONS AND GUIDELINES ONLY.

DATE: _____

PROPERTY ADDRESS: _____

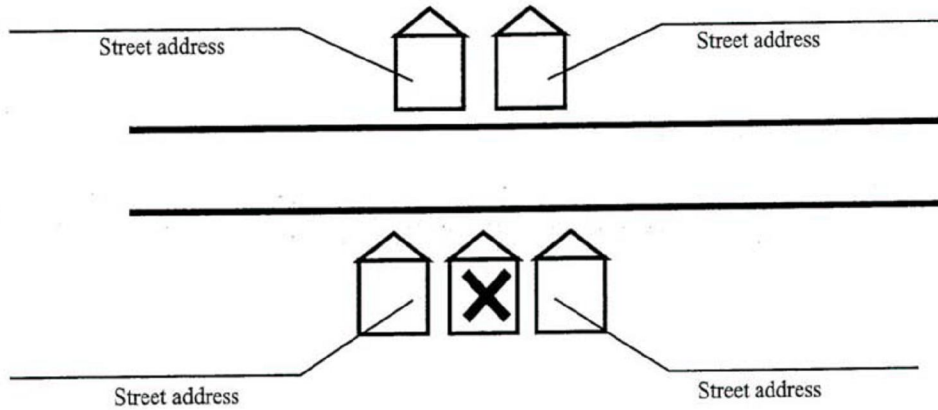
Exhibit B-2

NEIGHBOR VERIFICATION FORM

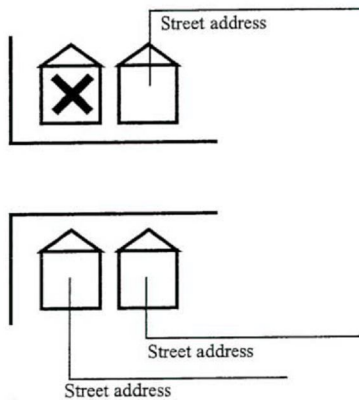
PLEASE COMPLETE THE DIAGRAM BELOW THAT BEST REPRESENTS YOUR PROPERTY'S LOCATION. The Association wishes to know if you live on a cul-de-sac, a corner, or in some other configuration that will help them determine who may be your immediate neighbors and/or who could be affected.

X designates the homeowner's property.

Use this box if your home is located on a street with homes on both sides of the street or only on one side of the street.



Use this box if your home is located on a CORNER



Use this box if your home is located on a CUL-DE-SAC

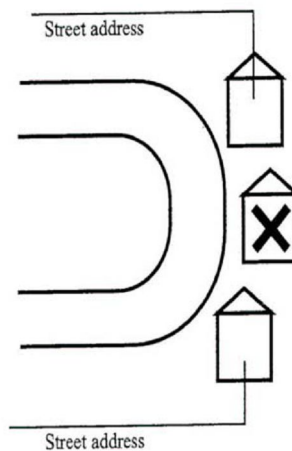


Exhibit C

**FOX BAY CIVIC ASSOCIATION
Notice of Completion Form**

Today's Date: _____ Property Address: _____

Owner/Applicant's Name: _____

Mailing Address (if difference than property address): _____

Daytime Phone: _____ Evening Phone: _____

ATTACH PHOTOGRAPHS OF ALL ANGLES OF IMPROVEMENTS, INCLUDING BOTH FRONT, SIDE AND REAR YARD, IF APPLICABLE.

MAIL TO:
FOX BAY CIVIC ASSOCIATION
425 Hurondale
White Lake, MI 48386-2532
ATTN: Building Committee

Do not write below this line

Disapproved as presented

Approved as presented
 Approved as revised

FBCA President Signature _____ **Date** _____

FBCA Vice President Signature _____ **Date** _____

FBCA Building Committee Signature _____ **Date** _____

FBCA Violations Signature _____ **Date** _____

FBCA Secretary Signature _____ **Date** _____

FBCA Treasurer Signature _____ **Date** _____

Exhibit D-1

**FOX BAY CIVIC ASSOCIATION
Variance Request Form**

Today's Date: _____ Property Address: _____

Owner/Applicant's Name: _____

Mailing Address (if difference than property address): _____

Daytime Phone: _____ Evening Phone: _____

Description of Request (Please include drawings, photographs and a description of your special circumstance for the Board's review):

Do not write below this line

- Disapproved as presented**
- Approved as presented**
- Approved as revised**

FBCA President Signature	_____	Date	_____
FBCA Vice President Signature	_____	Date	_____
FBCA Building Committee Signature	_____	Date	_____
FBCA Violations Signature	_____	Date	_____
FBCA Secretary Signature	_____	Date	_____
FBCA Treasurer Signature	_____	Date	_____