



**ALL  
EXTERIOR  
ALTERATIONS  
(INCLUDING LANDSCAPING, TREES, SHRUBS & PERENNIALS)  
REQUIRE  
BOARD  
APPROVAL**

September 2022



## EXTERIOR ALTERATIONS

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# FRONT DOOR & REAR DOOR PAINT SHERWIN WILLIAMS

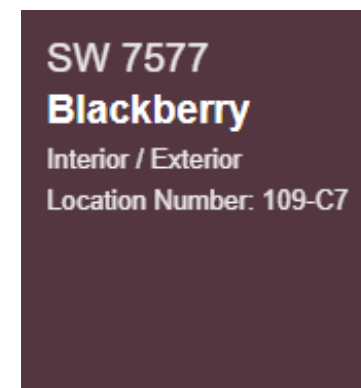
SW 7030

**Anew Gray**

Interior / Exterior

Location Number: 243-C2

# OPTIONAL FRONT DOOR PAINT COLORS (FRONT DOORS ONLY) SHERWIN WILLIAMS





# GARAGE DOOR PAINT SHERWIN WILLIAMS

SW 7030

**Anew Gray**

Interior / Exterior

Location Number: 243-C2

# CEDAR STAIN

# SHERWIN WILLIAMS



SW 3026 King's Canyon  
Exterior Solid Stain

# LIGHT FIXTURES

## MENARDS





# REQUEST TO INSTALL SATELLITE DISH

Resident(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

Company Performing Installation: \_\_\_\_\_

Installation Location: \_\_\_\_\_  
(Drawing indicating location must be attached to this form when submitted.)

Date of Proposed Installation: \_\_\_\_\_

Please indicate the method of installation: \_\_\_\_\_

\*\*\*Contact the Management Company to schedule an appointment with a Board Member for assistance with the location of the proposed satellite dish.

## WAIVER AND RELEASE

I shall comply with all of the Association's rules for installing, maintaining, using, and removing dish(es) and any structures, fixtures, or screening materials associated with the dish(es). I assume liability for any damage to Association and other owners' property that occurs due to dish installation, maintenance, use, or removal. I shall indemnify, defend, and hold the Association, its Board members, managing agent, unit owners and their successors, heirs, and assigns, harmless from any and all liability for any damage, loss, or injury, including death, caused by, related to, or that may arise from the installation, maintenance, use, or removal of the dish(es), and for any and all damage to or loss of the dish(es) and any structures, fixtures, or screening materials associated with the dish(es), that I may sustain or incur from whatever source or cause.

I agree to pay for all costs associated with the installation, maintenance, use, or removal of the dish(es). Such costs include, but are not limited to, any and all expenses incurred for moving the dish(es) on a temporary basis to enable the Association to maintain all condominium property for which it is responsible.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_





**DONATION**

**EXTERIOR ALTERATION**

I would like to make a donation or an exterior alteration (please check the appropriate box above). I understand if this is a donation, once approved and installed, it becomes the common property of the Homeowners Association of Arrowhead Bay.

Provide a brief description of the donation or exterior alteration and provide any drawings, plans or other relevant information, including who will perform the work along with a certificate of insurance if a contractor is being hired.

**Unit Owners are required to await Board approval before proceeding with any work.**

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\_\_\_\_\_  
Signature of Unit Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\*\* HAAB does not guarantee replacement of any donation that is made by Unit Owners. At any time, HAAB may remove any plantings without replacing as deemed necessary.



# NOTES

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# NOTES

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