

REVOCABLE LICENSE

(Name of community association) ("Association") hereby grants to (Owner's name(s) _____

his/her heirs, assigns, and successive owners ("Owners") of the unit/home located at (address) _____

and legally described as _____

in the City of _____,

(County), (State), a Revocable License to perform the following work and effect the following changes to the exterior or interior (structural) of the above described residence: _____

It is understood that the Owner of said unit is wholly responsible for the maintenance and repair of the above described exterior alteration. The Owner shall also assume any and all responsibility for damage to the common elements caused by the above described alteration. Should the Owner fail to maintain the alteration in a manner acceptable to the Board of Directors of the Association, or should the installation or presence of said alteration damage or otherwise interfere with common or limited common elements of the Association, then, upon thirty (30) days written notice from the Association to the Owner setting forth such damage or failure to maintain, this License shall be revoked without notice to Owner and the alteration shall be removed by the Owner within ten (10) days thereafter, at the Owner's expense. If the Owner fails to remove the alteration within the required ten (10) days, then the Association shall have the right to remove the alteration and charge the Owner for all expenses incurred in the removal.

All terms and conditions of the Association's Declaration, By-laws, and rules and regulations pertaining to exterior alterations and maintenance shall remain in full force and effect, and shall be strictly followed by the Owner.

Dated this _____ day of _____, 20_____.

ASSOCIATION:

AGREED AND ACCEPTED BY OWNER:

(Print Name) _____

(Print Name) _____

(Print Title) _____

STATE OF _____ §
COUNTY OF _____ §

This instrument was acknowledged before me on this _____ day of _____, 20_____, by _____.

My commission expires: _____

Notary Public in and for the State of _____

Notary Name Printed: _____

STATE OF _____ §
COUNTY OF _____ §

This instrument was acknowledged before me on this _____ day of _____, 20_____, by _____.

My commission expires: _____

Notary Public in and for the State of _____

Return to: (Management Company, Board, ARB or ARC)