

EXHIBIT B
Heights at Wailuna

Application for Modifications, Additions or Improvements
(PART I)

Legal Homeowner(s) _____ **FS** **LH** _____

Mailing Address _____ **Lot Number** _____ **EPC: YES** _____ **NO** _____

Day Phone _____ **Alternate Phone** _____ **Email** _____

Description of modification, addition or improvement:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Irrigation/Sprinklers | <input type="checkbox"/> Extension/Enclosure* | <input type="checkbox"/> Walkway/Slabs |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Hot tubs/Swimming Pools | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Roof Replacement | <input type="checkbox"/> Walls/Fences/Gates | <input type="checkbox"/> Roof/Attic Accessories | <input type="checkbox"/> Gutters |
| <input type="checkbox"/> Garage Door | <input type="checkbox"/> Utility/Side Doors | <input type="checkbox"/> Siding/Chimney Repair | <input type="checkbox"/> Other |

Please describe in detail what you wish to do (attach additional sheets if necessary). Address the specific requirements of Section 4.0. For Painting and Roof replacement requests, also fill out the reverse side.

Modification, addition, or improvement will be done by:

Contractor Name: _____ License Number: _____
Self: _____ Other: _____

Estimated Start Date: _____ **Estimated Completion Date:** _____

Fee Required: YES / NO (fees are required for modifications followed by a *, above) (circle one)

Submit completed application with two (2) sets of drawings, blueprints, sketches, or product brochures clearly showing the intent and extent of the proposed work to the Architectural Committee via the Managing Agent at Hawaiian Properties, P.O. Box 38078, Honolulu, HI 96813.

Homeowner's Signature _____ **Date** _____

Notifications:

Approval of this application by the Architectural Committee and/or Board of Directors is required before any improvement is permitted under the Heights of Wailuna Declaration of Horizontal Property Regime, By-Laws, and Rules and Regulations. For some improvements, approval by the Lessor might also be required; homeowners of Leasehold units must obtain any necessary approval directly from Lessor. Failure to obtain the required approval in violation of the By-Laws can result in the removal of all nonconforming structures or said improvements at the Owner's expense.

In accordance with the By-Laws and Rules and Regulations, the Architectural Committee and Board of Directors are allowed up to sixty (60) days to review and act on applications for improvements. *Extensions/Enclosures require additional time for the review process, and Review Fees will be due in accordance with Section 2.1c.(1) to consult and obtain legal and/or architect review(s).

Approval or disapproval of this application is for esthetic purposes only, and does not in any way indicate an opinion of safety, structural quality or soundness of the building plan or other proposed improvement by the Architectural Committee and Board of Directors. The Homeowner is responsible for obtaining and posting a permit that is required by the City and County of Honolulu. Any modification required by the City and County Building Department to plans previously approved by the Architectural Committee and Board of Directors, must be re-submitted for review and approval.

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Paint Request Addendum:

1. We are requesting to repaint our unit:

_____ With the same color (or current approved substitute) as the existing color.

Authorized Paint Colors	Existing Color	Repaint Color
Heights at Wailuna Blue		
Heights at Wailuna Green		
Heights at Wailuna Grey		
Heights at Wailuna Yellow		
Heights at Wailuna Toast		
Heights at Wailuna Homewood		

_____ With a different authorized color as indicated.

2. We understand that we must use Sherwin Williams, semi-gloss, exterior paint for both house color and trim (white). These approved colors are on file (Control #50487) at the Kalihi and Waipahu Sherwin Williams stores.
3. Any failure of this procedure that results in the wrong color on a house will be corrected at the owner's expense.
4. We understand that if there are existing rust stains, we may need to countersink, caulk and prime nail heads to prevent recurrence of rust stains. Other repairs incident to painting may also require specific Board approval.

Homeowner's Signature _____ Date _____

Roof Shingle Replacement Addendum:

_____ We will be replacing our roof shingles with Malarkey Roofing Products using the following authorized color and shingle type on file at the Managing Agent.

Authorized Malarkey Roofing Color	Re-roof Color
Antique Brown	
Midnight Black	
Sienna Blend	
Silverwood	
Storm Grey	
Weathered Wood	
Agave (Ecoasis Premium solar reflective)	
Mesquite (Ecoasis Premium solar reflective)	
Tumbleweed (Ecoasis Premium solar reflective)	

Homeowner's Signature _____ Date _____

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For Managing Agent: Date received: _____ Sequence No. _____ Fee Amount \$ _____ Check # _____