

REQUEST FOR ARCHITECTURAL IMPROVEMENT/ ALTERATION

NAME:				
UNIT ADDRESS:				
PHONE NO: home:		work:	_ cell:	
SUBMISSION DATE:				
<u>Description of Alteration</u> : Supplemental sheets, sketches, plats and drawings that fully describe the proposed alteration <u>must</u> be attached <u>before</u> the ACC will review the application. In case of an exterior color change, a sample of the new color along with a description of the existing color <u>must</u> be submitted.				
RETURN COMPLETED FORM TO:		River Cove Point Condominium Association c/o The Select Group, Inc. via mail, fax or email as provided at the bottom of this form		
FOR OFFICE USE ONLY				
	REQUEST APPROVED BY THE BOARD OF DIRECTORS			
	REQUEST APPROVED BY THE BOARD OF DIRECTORS SUBJECT TO			
	MODIFICATION			
SIC	SIGNED: DATE:			