



REQUEST FOR ARCHITECTURAL IMPROVEMENT/ ALTERATION

NAME: _____

UNIT ADDRESS: _____

PHONE: home: _____ work: _____ cell: _____

SUBMISSION DATE: _____

IMPROVEMENT/ALTERATION TO UNIT OR LIMITED COMMON ELEMENTS

Please give a brief description of the improvement, where it is, or is to be located, type of materials involved, etc. Attach a second sheet if necessary to provide all pertinent information. (Emergencies will be handled on a case by case basis.)

MAIL, FAX, OR EMAIL COMPLETED FORM TO:

Board of Directors
Lesner Pointe Condominium Association
c/o The Select Group, Inc.
at the address or fax number provided below
or email to the management team on our website

FOR OFFICE USE ONLY

- REQUEST APPROVED BY THE BOARD OF DIRECTORS
- REQUEST APPROVED BY THE BOARD OF DIRECTORS SUBJECT TO MODIFICATION _____
- REQUEST DISAPPROVED BY THE BOARD OF DIRECTORS

DATE _____

SIGNED _____