

# Gunn Hall Condominium Association



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## ARCHITECTURAL CHANGE REQUEST FORM

*(To be completely filled out and signed by Owner / Contractor requesting a change in structure or appearance of a Unit or Limited Common Area)*

Name(s) of Person(s) Making Request: \_\_\_\_\_

Unit: \_\_\_\_\_ Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Request:

- \_\_\_\_\_ Structural (Including plumbing and electrical)
- \_\_\_\_\_ Appearance
- \_\_\_\_\_ Other

Is a permit required by the city for this project? \_\_\_\_ Yes \_\_\_\_ No

Please describe your request, state whether a permit from the city is required and attach any photos, diagrams or specifications that will explain your request (this will help the Board of Directors in the decision process and may reduce any delays in decisions):

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**NOTE:** If plans require plumbing or electrical work, contractor must provide copies of business license, proof of liability and worker's comp. insurance and must schedule outages with the Management Office at least 7 days in advance of the scheduled work. Contractor is also required to clean up all debris on common areas and remove trash from Association property daily.

I acknowledge that, per our Condominium Documents, any changes or alterations that require approval must be reviewed by the Board of Directors prior to work commencing.

I also acknowledge that any and all approved alterations which may cause damage to or impede access to the Common and/or Limited Common Elements of the Association will be my responsibility to restore to the original condition.

Signature(s) of person(s) making request:

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**Please return completed form to the address or fax number provided below or email to [abell@theselectgroup.us](mailto:abell@theselectgroup.us)**

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**Architectural Change Request Form**  
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**(For Board use)**

Date Initial Request Received from Manager or Unit Owner: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notes:

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\_\_\_\_ Approved as is

\_\_\_\_ Approved with modification (\_\_\_\_)

\_\_\_\_ Denied (See notes above for reason)

\_\_\_\_ Contractor verifications pending (must be on file in the Office prior to start of work)

Signature of Board President: \_\_\_\_\_

Date approved/denied: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Date Manager notified Owner of decision: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Manager: \_\_\_\_\_