

Lynnhaven Landing Owners' Association, Inc.



EXTERIOR ALTERATION FORM

NAME..... DATE.....

ADDRESS..... PHONE.....

E-MAIL ADDRESS.....

I/We hereby request permission to make the following improvements/additions to our property:

- | | |
|---------------------------------|-------------------------------------|
|Window Replacement |Front Door Replacement |
|Storm Door |Sliding Glass Door Replacement |
|Other (describe in detail) | |

.....
.....
.....

Attached please find a copy of a photo or drawing of the proposed improvement. A complete description of materials to be used, including colors when applicable. I understand a copy will be returned to me and a copy will go on file with the Architectural Control Committee (ACC). I understand the appropriate permits and/or licenses must be obtained as necessary to comply with any City/State/Federal Codes and/or Ordinances.

(To be completed by ACC/Association only)

The above request has been:

..... Approved as submitted

..... Approved with the following conditions.....

.....

..... Rejected as noted.....

..... See attached sheet/back of this page for further details.

By..... Date

..... Date

Please return completed form to The Select Group at the address or fax number provided below or email to afleetwood@theselectgroup.us