



REQUEST FOR ARCHITECTURAL IMPROVEMENT/ALTERATION

NAME: _____

UNIT ADDRESS: _____

PHONE NO: home: _____ work: _____ cell: _____

SUBMISSION DATE: _____

Description of Alteration: Supplemental sheets, sketches, plats and drawings that fully describe the proposed alteration **must** be attached **before** 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 **must** be submitted.

RETURN COMPLETED FORM TO: River Cove Point Condominium Association
c/o The Select Group, Inc.
via mail or fax as provided at the bottom of this form
or email to afleetwood@theselectgroup.us or to
rphippins@theselectgroup.us

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

SIGNED: _____ DATE: _____