



Condominium Association, Inc.

REQUEST FOR ARCHITECTURAL IMPROVEMENT / ALTERATION LANDSCAPE IMPROVEMENT / ALTERATION

Owner Name: _____ Submission Date: _____

Unit Address: _____

Phone: (h) _____ (c) _____ Email: _____

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.)

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

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: _____

Return completed form by mail or fax as provided below or email to malcala@theselectgroup.us

(Office Use Only)

- ___ Approved as is
- ___ Approved with modification: _____
- ___ Denied for following reason: _____
- ___ Contractor verifications pending (must be on file in Management Office prior to start of work)

Signature of Board President: _____ Date: _____
