



REQUEST FOR ARCHITECTURAL IMPROVEMENT/ ALTERATION

NAME: _____

UNIT ADDRESS: _____

PHONE: home: _____ work: _____ cell: _____

EMAIL ADDRESS: _____

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.)

SIGNED _____ DATE _____

SUBMIT COMPLETED APPLICATION AND SUPPLEMENTAL INFORMATION TO:

The Select Group via mail or fax provided below or email to acosby@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

DATE _____ SIGNED _____