

The Manors Condominiums

ARCHITECTURAL MODIFICATION REQUEST

Owner's Name: _____

Phone #: _____

Street Address: _____

Manors Building# _____

Describe your request:

Estimated date project is to begin: _____ Estimated completion date: _____

SUBMITTAL REQUIREMENTS CHECKLIST

- COMPLETION OF ABOVE FORM
- REQUEST FOR REVIEW
- READ AND SIGN REQUEST ACKNOWLEDGMENT (page bottom)
- SHOW LOCATION (use plot plan, sketch or contractor's drawing with setbacks)
- SAMPLES OF PRODUCT OR PAINT, MANUFACTURER'S SPECIFICATIONS.

THIS SECTION IS TO BE COMPLETED BY THE Manors Board of Directors

DATE RECEIVED: _____

APPROVED

DISAPPROVED (state the reason)

BOARD/COMMITTEE SIGNATURES:

Name: _____ Ph. # _____

Name: _____ Ph. # _____

I/We understand that approval of our request must be granted before I/we can have the job started. I/We also acknowledge that we could be forced to have the item(s) removed if it is installed without approval. I/We also acknowledge that this request is granted as presented to the Manors Board of Directors and must be completed as presented. The Board of Directors will not accept any changes made without approval.

Date

Signature of Applicant

Signature of Applicant

