

Date: _____
Request for Approval
Exterior Alterations to Home or Land Areas
ARDEN MILLS CONDOMINIUM ASSOCIATION

1. _____
Name of owner or committee requesting approval Phone Number

2. _____
Fax Number and/or Email Address

3. _____
Address or site of alteration (Building Number)

4. _____
Mailing address of owner (if different from above) or committee contact info

5. TYPE OF ALTERATION __ Landscape __ Bldg. Exterior __ other (explain)

6. DESCRIPTION/SCOPE OF ALTERATION: Attach to this request a detailed explanation to exactly what is being requested. (Include drawings, dimensions, location, materials to be used, literature, catalog clips, etc.)

7. Will any existing elements be affected by this alteration? ____ Yes ____ No
If yes, please explain below:

8. FOR LANDSCAPE ALTERATIONS ONLY:

The resident **MUST** be aware of complying with the list of approved plantings when completing THE ALTERATION REQUEST FORM. Please review this list on the website before completing this form.

All replacements, **relative to the request on this Alteration Request Form**, necessary either now or in the future, will be made at my expense. I agree to hold The Association harmless with regard to any claims related to this alteration and use thereof.

Please be very specific in item #6 as to what you want to plant and where it is to be planted.

Signature _____ Date _____

9. FOR BUILDING ALTERATIONS ONLY:

Contractor's Name & Address:

PA License #: _____ Insurance/Bond # _____

I hereby accept full responsibility for any damage that may occur during the alteration and any damage that may occur in the future. All repairs necessary, either now or in the future, will be made at my expense. I agree to hold the The Association harmless with regard to any claims related to this alteration and use thereof.

Signature: _____ Date: _____

10. Signature of nearest neighbors to the right, left, rear, or abutting of your home to signify they have no objections to this alteration.

Signature _____ Date _____

Signature _____ Date _____

*Note: If you are unable to obtain the signatures of your immediate neighbors, please explain the reason. Obtaining signatures of your immediate neighbors will facilitate the application process.

IN ORDER TO HAVE YOUR REQUEST CONSIDERED FOR APPROVAL, ALL APPLICATIONS MUST BE RECEIVED BY THE MANAGEMENT COMPANY NO LATER THAN THE FIRST MONDAY OF THE MONTH.

NO WORK MAY BEGIN UNTIL A LETTER OF APPROVAL HAS BEEN ISSUED BY THE MANAGEMENT COMPANY.

X _____ DATE
Signature of Applicant

FOR MANAGEMENT USE ONLY

Preliminary Approval _____ Preliminary Denial _____

Date _____

Final Approval _____ Final Denial _____ Date _____
