OLD FORGE CROSSING CONDOMINIUM ASSOCIATION

REQUEST FOR ALTERATIONS

Old Forge Crossing Unit No:_____ Date Submitted:_____

Name of Unit Owner:_____

Owner Mailing Address:_____

Phone (Mobile):_____ (Home:_____

Email Address:_____

Description of alteration to Unit or Common Element. Include colors, shades of colors, kinds of surfaces and size:

_____

_____

Detail Plans at ½"=1'0":_____

Contractor Name:_____

Contractors Address:_____

Contractors Telephone and Fax:_____

Contractors Email:_____

A Certificate of Insurance showing Old Forge Crossing Condominium Association as Certificate Holder is required and all contractors must register with the Management Office prior to the commencement of work.

The unit owner is responsible for compliance with the specifications detailed in the Old Forge Crossing Rules and Regulations regarding the alteration request.

Gardens:_____ Doors:_____

Patio:_____ Storm doors/windows:_____

I have received and understand the Alteration Policy of Old Forge Crossing.

_____
Signature

xxxx