

A. Request for Alterations Form

OLD FORGE CROSSING CONDOMINIUM ASSOCIATION REQUEST FOR ALTERATIONS

Date Submitted: _____

Unit Owner: _____

Mailing Address: _____

Old Forge Crossing Unit Number: _____

Telephone: (Home) _____ (Business) _____

Description of Alteration to Unit or Common Elements:

Detail Plans at 1/2" = 1'0"

Contractor's Name: _____

Contractor's Address: _____

Contractor's Telephone _____

The Unit Owner is responsible for compliance with the specifications detailed in the Old Forge Crossing Rule and Regulations regarding the particular alteration request.

Gardens: _____ Doors: _____

Patio: _____ Storm Doors/windows: _____

I have received, read, and understand the Alteration Policy and Contractor Requirements of Old Forge Crossing. I agree to abide by the Rules and Regulations, and to proceed only after Board authorization.

(Signature)

For Board Use

Date Received: _____

Approved: _____ Approved as noted: _____ Disapproved/Resubmit: _____