OLD FORGE CROSSING CONDOMINIUM ASSOCIATION

REQUEST FOR ALTERATIONS
AIR CONDITIONING & HEATER REPLACEMENT

Old Forge Crossing Unit No:______________ Date Submitted:________________________

Name of Unit Owner:____

Owner Mailing Address:____

Phone (Mobile):____________________________ (Home:________________________________

Email Address:____

Description installation – All air conditioning installations must show how unit will fit within enclosure and how concrete pad will be extended if necessary.

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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.

Planned Date of Installation:____

The unit owner is responsible for compliance with the specifications detailed in the Old Forge Crossing Rules and Regulations regarding air conditioning and heater replacements.

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

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Signature

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Inspected by: ____ Date: _____________________________________