

VILLAS AT PARKWOOD ESTATES CONDOMINIUM ASSOCIATION

c/o Community Management Professionals LLC

200 Commerce Drive, Suite 206

Moon, PA 15108

Office: (412) 279-9280 Fax: (412) 279-3031

**REQUEST FOR APPROVAL
TO MAKE EXTERIOR ALTERATIONS TO EXTERIOR OF UNIT OR LAND AREAS**

1. _____
Name of Unit Owner(s) requesting approval

2. _____
Unit address where alteration will be made

3. _____
Unit Owner Phone Number

4. _____
Unit Owner e-mail address

5. _____
Mailing address of Unit Owner(s) if different from above

6. TYPE OF ALTERATION (please check one):
_____ Landscape _____ Building Exterior _____ Other
If other, please explain: _____

7. LOCATION OF ALTERATION
_____ Front _____ Side _____ Rear _____ Other
If other, please explain: _____

8. SCOPE OF ALTERATION:
Please explain in detail what you are requesting permission to do. Include approximate dimensions, if appropriate.

9. MATERIALS TO BE USED:
Please explain the types of materials to be used. Provide samples or literature if available

10. EFFECT ON EXISTING AREA:
Please explain if any existing elements will be affected by this alteration.

11. EFFECT OF ALTERATION ON NEIGHBOR TO EITHER SIDE OF YOUR HOME:
Please explain the effect the alteration may have on neighbors to either side of your Unit.

12. EXPECTED DATE TO BEGIN ALTERATION:

13. EXPECTED DATE TO COMPLETE ALTERATION:

14. YOU MUST ATTACH A DRAWING TO SCALE SHOWING ALL EXISTING ELEMENTS. INCLUDE THE NEIGHBORING UNITS AND YARD IN THE DRAWING ON THE PLOT PLAN, SHOWING THE DISTANCE FROM THE NEAREST EXISTING ELEMENT TO PROPOSED ADDITIONS OR ALTERATIONS.

15. ADDITIONAL NOTES:
Please indicate any additional information that may assist in the review of this alteration request:

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

X _____
SIGNATURE OF UNIT OWNER

X _____
SIGNATURE OF UNIT OWNER