

## Condominium Association Architectural Change Form

**Date of Request:**

**Resident's Name:**

**Unit Number:**

**Contact Information (Phone/Email):** \_\_\_\_\_

### Project Details

**1. Description of Proposed Change:**

(Provide a detailed description of the proposed architectural change or improvement. Include information on materials, colors, dimensions, and any structural alterations if applicable.)

**2. Purpose of the Change:**

(Explain why you want to make this change and the benefits or improvements it brings.)

**3. Expected Start Date:**

**4. Expected Completion Date:**

### Contractor Information

**Name of Contractor:**

**License Number (if applicable):**

**Contact Information:**

**Insurance Information:**

### Attachments

Please include the following attachments as applicable:

1. Drawings or diagrams showing the location and design of the proposed change.
2. Any additional plans, permits, or documents required by local building codes.
3. Unit owner's certificate of insurance
4. Contractor's certificate of insurance

### Resident Acknowledgment

By signing below, I acknowledge that:

1. I am responsible for any damages, fees, or costs associated with this project.
2. I understand that approval must be received from the Board of Trustees before beginning any work.

3. I agree to adhere to all applicable building codes and Condominium Association guidelines.

**Signature:**

**Date:**

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**Condominium Association Decision (Office Use Only)**

**Date Reviewed:**

**Reviewed by:**

**Approval Status:**  Approved  Denied  Conditional Approval (see comments)

**Comments/Conditions of Approval:**

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**Authorized Signature:**

**Date:**

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This form serves as a formal record for both the resident and the association, documenting the request and approval status, along with any conditions imposed for the modification.