

HANOVER SQUARE CONDOMINIUM ASSOCIATION
ARCHITECTURAL CHANGE REQUEST APPLICATION FORM
(ACR APPLICATION)

Formally called ACC Ap

NAME: _____ DATE: _____

ADDRESS: _____ OWNER / RENTER (circle one)

LOT NO: _____ PHONE: _____

NATURE OF IMPROVEMENT _____

COLOR (if applicable) _____

LOCATION (if applicable) _____

DIMENSIONS (if applicable) _____

CONSTRUCTION MATERIAL _____

SUPPLIER: _____ APPROXIMATE COST: _____

A SKETCH OF ALL IMPROVEMENTS MUST BE SUBMITTED AND ATTACHED TO THE APPLICATION TO SHOW LOCATION AND DIMENSIONS.

I/We understand the rules concerning the proposed improvement. I/We agree to abide by the rules as set forth by the association and board of directors and will be solely liable for the upkeep, maintenance and encroachment that this improvement may make on a neighbors private property on common ground.

DATE: _____

SIGNED: _____

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____

DATE APPROVED: _____ DATE DISAPPROVED: _____

APPROVED BY: _____ DISAPPROVED BY: _____

REASON FOR DISAPPROVAL (if applicable): _____

MANAGEMENT/BOARD MEMBER ASSIGNED TO INSPECT IMPROVEMENT: _____

PHONE: _____

IMPROVEMENT CONSTRUCTED AND INSPECTED ON: _____

CONSTRUCTION APPROVED: _____ DATE: _____

TITLE: _____

REVISED 11 2007