

ASSOCIATED PROFESSIONAL SERVICES
ARCHITECTURAL CHANGE REQUEST FORM

Association Name: _____ Date of Request: _____

Owner Name: _____ Unit No.: _____

Property Address: _____ Telephone No. _____

Description of Modification (Include Plans or Sketch): _____

Materials / Equipment to be used: _____

Contractor Name: _____ Telephone No.: _____

City construction permit(s) to be obtained _____ Yes _____ No

Signature of Requester: _____ Date: _____

NOTE: Architectural modifications include all structural changes to the buildings and anything, which alters the general appearance of the buildings and/or the common area.

Board Action: _____ Approved _____ Denied

Comments: _____

President: _____
Signature Date