

ARCHITECTURAL ALTERATION REQUEST FORM

Today's Date: _____ Applicant/Resident Name: _____

Owner's Name, Address & Phone: _____
(*If different than that of "Applicant")

Property Address for this request: _____

Description of Alteration: (For new construction, please provide blue prints. Also provide any drawings or specs of plans with as much detail as possible)

Construction, installation, repair, removal or alteration to be performed by:

(For Contractors include all contact information, including license number)

Proposed Start Date: _____ Proposed Completion Date: _____

(The "alteration" is to be completed within 90 days after the proposed start date indicated on this request; or after the issuance of a county permit(s), if applicable ([see www.gvth5.org website for link](http://www.gvth5.org)). If it is found to be that there will be a delay beyond the time frame provided, a written extension must be submitted to the Board of Directors, Architectural Committee. All work must be completed no later than 180 days from the original submission date.

I have read the Covenants, Conditions and Restrictions and agree to comply with them as I undertake the above requested alteration.

Signature of Owner: _____

Decision of Board/Architectural Committee : Approved _____ Denied _____ Hold _____

Signature of President: _____ Date: _____

Additional Architectural Committee Recommendations: _____

Project Completion Sign-Off: _____

(Green Valley Townhouse 5 Association, Inc. Board of Directors)

*Note: Owner and Applicant/Resident will both be contacted prior to approval with any questions or concerns regarding request ,as well as, upon decision of board.