

OCTORARA GLEN COMMUNITY ASSOCIATION

REQUEST FOR ALTERATIONS

DATE SUBMITTED: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

FAX: _____

Description of proposed improvement, change addition or alteration to home:

(Where applicable provide written description and sketch/plot plan including dimensions, type, color, texture of materials to be used)

DETAIL PLANS AT 1/2" = 1'0"

CONTRACTOR'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

I have received, read and understand the alteration policy contained in article vii of the declaration of the Octorara Glen Homeowners Association. I agree to abide by the alteration policy, and to proceed only after board authorization.

Home Owner _____

Date _____

Mail alteration request to:

OCTORARA GLEN COMMUNITY ASSOCIATION
PO Box 308
Sadsburyville, PA. 19369-0308

FOR BOARD USE

DATE RECEIVED: _____

APPROVED: _____ APPROVED AS NOTED: _____

DISAPPROVED/RESUBMIT: _____