

FORREST HILL CONDOMINIUM

APPLICATION FOR APPROVAL OF ARCHITECTURAL CHANGE

1. Date _____
2. Unit Owner _____
3. Address _____ Phone _____ Work _____
4. Nature of proposed change _____

5. Proposed Start Date _____ Estimated Completion Date _____
6. Work to be performed by _____
Address _____ Phone _____
7. List of materials to be used (be specific) _____

8. Furnish one (1) drawing* done to scale of plan.

Please forward this application to:

Crofton Associates * 111 Marsh Road * Pittsford, NY 14534

Doors, windows and satellite dishes will be reviewed and responded to within 5 days of **receipt** of form, all other requests will be addressed at the next scheduled board meeting for review and recommendations.

*If for door(s) or window (s) attach picture.

Signature of Applicant _____ Date _____

THIS SECTION TO BE COMPLETED BY THE ASSOCIATION/BOARD DESIGNEE

Date Application Received _____

The above application is _____ Approved subject to final inspection
_____ Disapproved
_____ Final Inspection Date _____

Project to be completed within 90 days of approval.

Signed _____ Date _____

Approved by _____