## ARBOR TRAIL HOMEOWNERS ASSOCIATION

## REQUEST FOR APPROVAL TO MAKE EXTERIOR ALTERATIONS

	(Approximate Date)
Name of Owner Requesting Approval	To Begin Alteration
	(Approximate Date)
Address of Unit where Alteration will occur	Completion of Alteration
Home Phone Number of Applicant Work Num	ber of Applicant Email Address of Applicant
Mailing Address of Unit Owner (if other than add	dress in #2)
Type of Alteration:LandscapeBu (If other, please explain):	
Location of Alteration in respect to nearest unit:Other (please explain):	
Scope of Alteration: Please explain in detail what you are requesting perrappropriate:	**
Materials to be Used: Describe the type of materials (or shrubs) to be insta	ulled and/or removed and quantities of each material:
Contractor to be used:	Phone number:
aware of this alteration : Signature of neighbor whose unit is a uniform pa the Architectural Design Guidelines, requires tha	ne right and left of your home to signify they have been made (OR) ir with unit seeking alteration approval if such alteration, per at neighbor (or future neighbor) conform to the new feature atture here binds you and future owners to conform to this style of
Signature/Address of Neighbor	Signature/Address of Neighbor
Additional Information: Please attach a drawing depicting the proposed altermanufacturers literature and color chips (if applicable)	ation. Include a site/plot plan, material sample, photographs, le) to help illustrate your modification.
involved to implement the requested alteration are y	ed, the following conditions must be agreed upon by you: Any cost cours to bear, and, in no way gives you any exclusivity to the use of require any additional maintenance or upkeep, any additional at your expense.
Notes:	
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Owner Signature	Date