



Rj Community Mgt.
4900 Perry Highway
Building 1, Suite 300
Pittsburgh, PA 15229
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Courtyards At Krendale Condo Association APPLICATION FOR ALTERATION

NO ALTERATION MAY BEGIN UNTIL APPROVAL IS GRANTED

Please email your completed form to the Community Manager or mail to the address above.

1. _____
Name of homeowner requesting approval (Please print) Date

2. _____
Address of home where alteration will occur

3. _____
Phone number(s)

4. _____
Email address(es)

5. _____
Mailing address of homeowner (If different than above)

6. Type of alteration:
Landscape Building Exterior Other (Please specify): _____

7. General location of alteration in or around your home:
Front Side Other
(Please specify): _____

8. Scope of Alteration: *Please explain in detail what you are requesting permission to do, including exact location and dimensions, if appropriate, and any cut sheets or product information if available:*

PLEASE STATE THE MODIFICATION BELOW:

NAME OF CONTRACTOR PERFORMING WORK: _____

Please include the following with this modification:

- Insurance Certificate Number of Contractor
- Site plan to include location markings of requested improvements – *use model side plan*
- Construction details such as architectural plans/elevations, if applicable

(Continued on next page)

9. Material details – Describe the types of materials (ex. Shrubs) to be installed/removed including the quantities of each material.

10. Effect on the Existing Area: Explain if any existing elements will be affected by this alteration (will existing shrubs be moved, or part of existing porches be dismantled, etc.): Also include any alteration effect on neighbors.

11. Signature of nearest neighbors to the right and left of your home signifying that, as a courtesy, the adjoining neighbors have been made aware of this alteration request.

12. Expected start date: _____

13. Completion date: _____

14. Additional Notes: _____

PLEASE ATTACH DRAWINGS, PICTURES, CONTRACTS, etc. TO THIS FORM:

I acknowledge any unapproved deviation to this modification request will be corrected immediately at the Unit Owner's expense.

Owner's Signature

Date

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE.

Approved By: _____ Date: _____

Title: _____