GRANDVIEW ESTATES HOMEOWNERS ASSOCIATION

REQUEST FOR APPROVAL TO MAKE EXTERIOR ALTERATIONS

Name of Owner Requesting Approval	
	To Begin Alteration
Address of Unit where Alteration will occur	(Approximate Date) Completion of Alteration
Home Phone Number of Applicant Work/Co	ell Phone Number of Applicant Email Address of Applicant
Mailing Address of Unit Owner (if other than a	address in #2)
Type of Alteration:Landscape[(If other, please explain):	
Location of Alteration in respect to nearest unitOther (please explain):	
Scope of Alteration: Please explain in detail what you are requesting pe appropriate:	ermission to do - include approximate dimensions if
Materials to be Used: Describe the type of materials (or shrubs) to be ins	talled and/or removed and quantities of each material:
aware of this alteration: (Not necessary for like	
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