



RJ COMMUNITY MGT.
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SOUTH SIDE LOFTS CONDOMINIUM 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. _____
South Side Lofts Unit Number(s)
3. _____
Phone number(s)
4. _____
Email address(es)
5. _____
Mailing address of homeowner (If different than SSL Unit Number)

6. Type of alteration:

Interior Renovation Window Replacement* Utility (Furnace, Hot Water Tank, Etc.)

Other (Please specify): _____

*Windows – approval is only required if you are replacing the entire window and frame (replacement of panes is acceptable without approval, but must be double pane, low-e, insulated clear glass)

7. Scope of Alteration: Please explain in detail what you are requesting permission to do, including appearance of any new fixtures that are visible from outside the unit (windows, doors, vents).

8. Effect on the Existing Infrastructure: Explain if any existing elements will be affected by this alteration (will existing pipes or electrical be relocated or added onto, etc.):

(Continued on next page)

9. State below the **contractor's name, license number, address, phone number and attach their insurance certificate**. If you are performing the work yourself, please state such. If equipment is to be brought into the elevator, advance notice to the management company is required for blankets to be hung in the elevator to prevent damage (this is mandatory).

10. If applicable, please attach insurance, building permits, drawings, pictures, etc. to this form.

11. Expected start date: _____ Completion date: _____

12. Additional Notes: _____

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE.

Approved By: _____ Date: _____
Title: _____