



RJ COMMUNITY MGT.  
4900 PERRY HIGHWAY  
BUILDING 1, SUITE 300  
PITTSBURGH, PA 15229  
PH: 412-550-0003  
FAX: 412-227-9003  
WWW.RJCMGT.COM

## SOUTH NEGLEY COMMONS CONDOMINIUM ASSOCIATION APPLICATION FOR ALTERATION

**\*NO ALTERATION MAY BEGIN UNTIL APPROVAL IS GRANTED\***  
Please email your completed form to [info@rjcmgt.com](mailto:info@rjcmgt.com) 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:  
Interior Renovation     Window Replacement     Utility (Furnace, Hot Water Tank, Etc.)   
Other  (Please specify): \_\_\_\_\_
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).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. 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)

10. State 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).

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11. Effect of alteration on neighbors to either side of your unit:

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12. 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 to the degree it may impact them.

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NOTE: If you are unable to obtain the signatures of one or both of your neighbors, you must explain the reason below:

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

14. Expected start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

15. Additional Notes: \_\_\_\_\_

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE.

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Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_