APPLICATION FOR APPROVAL OF EXTERIOR MODIFICATION

This form must be completed and mailed to the management office. The Board makes the final decisions but has the right to wait to review your request until their next scheduled Board meeting. In some cases, the management office may be able to approve your request. Please provide all necessary information, including a copy of the contractor's insurance certificate which shows proof of liability and workman's compensation coverage and which names the Association as "Additional Insured,"

Unit Owner: _____ Phone: _____

Unit Address: _____ Signature: _____

Type ☐ Landscaping ☐ Structure (Alteration/Addition) ☐ Satellite Dish

Description of Proposed Modification - (attach separate paper or use the back side if necessary)

To expedite your request, please include a sketch, colors, styles, dimensions, quantities, specific location, etc.

_____

_____

_____

Attach any brochure, sales ad picture or blueprint available for this request.

Also include a copy of your Contractors Liability Insurance proof as detailed above.

Contractor(s) / Installer(s) Name(s) & Telephone Number(s)

_____ _____

Permits

Are permits required for this work? ☐ No ☐ Yes

If so, who will obtain the necessary permits? _____

Proposed Start Date: _____ Timeframe to complete: _____

Mail to: CPM, Inc. 242 Old Sulphur Spring Road Manchester, MO 63021
Fax to: 636-227-2356
Email to: Customerservice@cpmgateway.com

_____**Office Use Only below this ine**_____

Date Received _____

Action Taken: ☐ Form is incomplete – contacted owner for further information

☐ Form is complete – forwarded to Board for review and decision on _____

☐ Approved ☐ Disapproved Date: _____ Board Officer/Agent Initials:_____

Reason for disapproval: _____

Owner notified of decision by ☐ letter ☐ email ☐ phone Date: _____ Initials: _____