## Sunset Plaza Condominium Architectural Change Request

Unit Owner:		Date:	20
Address of Unit:		Phone #:	
Nature of Improvement/Change	e:		
Color (If Applicable):		Dimensions (If applicable	):
Location (If Applicable):			
Construction Material (if application)	able):		
Supplier:			
Installer:		Approximate Cost:	\$
* A sketch of all improvements work to be performed.	must be attached to this	request form to show the locat	ion and dimensions of
•	• •	vner acknowledges and accepts alteration and/or any deficiency	
* Please submit this request to Company.	: Sunset Plaza Condom	inium Association, in care of the	e Property Managemen
Date Submitted:	Homeowner Signa	ature:	
***This section	on to be completed by	Building & Grounds Com	mittee***
Date received by BOD:	Forwarded to Building/Grounds Committee:		
Received by Building/Grounds:	Inspected: _		
Coordination with neighbors:		(date & time confirmed)	
Recommendations from Board:			
Discussed by BOD:	Approved:	Disapproved:	
Reason(s) for action other than recom	nmended by Building/Grounds	Committee:	
Date forwarded to Homeowner:		Date filled in Homeowner file:	