

The Enclave at Belle-Aire Condominium Association
c/o Realty Management & Maintenance
456 Germantown Pike Suite 2
Lafayette Hill, PA 19444
Fax 610-471-0598 or afahringer@rmmcondos.com

Architectural Change Request

Date: _____

Name: _____

Address: _____

Phone Number: Daytime _____ Evening _____

I request approval of the following change(s)

Owner's Signature

Note: Reverse side must be completed.

Approved _____ Disapproved _____ Date _____

Board Member/Agent _____

Any change(s) must be done within six months of date of approval or this approval will be NULL AND VOID.

CONTRACTOR PERFORMING WORK MUST COMPLETE THIS SECTION

- _____ 1. Contractor's Name: _____
Date: _____
- _____ 2. Contractor's description of work to include materials must be attached to this request.
- _____ 3. Drawing Attached
- _____ 4. Picture Attached
- _____ 5. Color: _____. All wood deck stains must be approved before being applied. Paint or stain must be a brown color (no red tones)
- _____ 6. Model # or Type: _____
- _____ 7. Size: _____
- _____ 8. Contractor Signature _____
Phone: _____
- _____ 9. Insurance Certificate Attached (MUST LIST ENCLAVE AS ADDITIONALLY INSURED)
- _____ 10. Building Permit for Structural Revisions: To be secured through Upper Dublin Township.
- _____ 11. **IF WORK WILL BE PERFORMED BY THE HOMEOWNER PROOF OF HOMEOWNERS INSURANCE MUST ACCOMPANY THIS REQUEST.**
- _____ 12. As a courtesy have you informed your neighbor/s of you upcoming work. *Required for roof and stucco work.*

- Note:**
- a. All of the above may not apply.**
 - b. Please check off all enclosures.**
 - c. Authorization will not be given if an Insurance Certificate is not included. Certificate must list Enclave Condominiums as additionally insured.**
 - d. Any homeowner or their contractor who performs work to the home that results in a disruption or destruction to the common area turf it will be the responsibility of the homeowner to repair or to reimburse the Association for the cost.**

9/20/17