

# Mammoth Estates

## Property Alteration or Improvement Request Form

Owner:

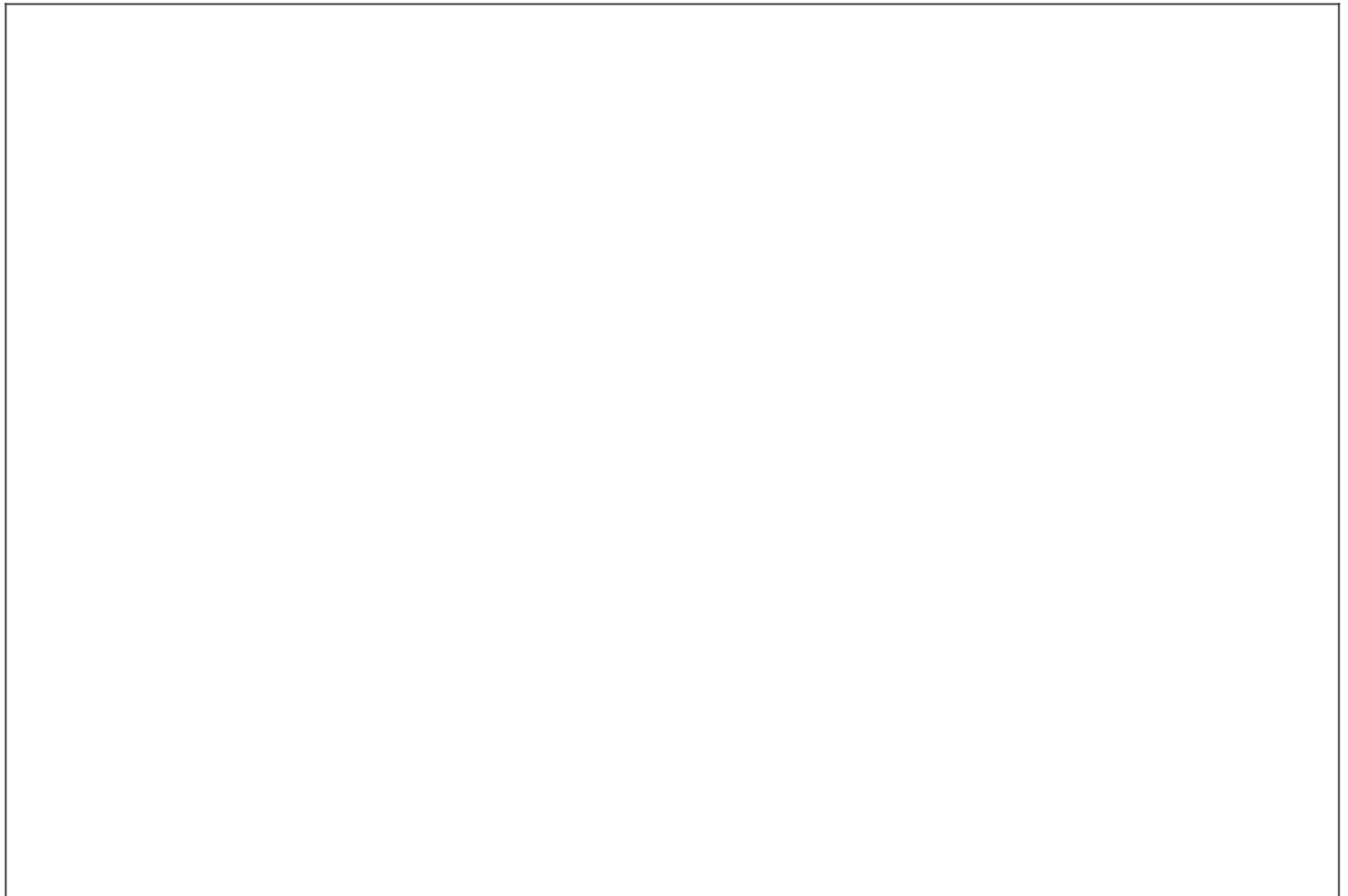
Unit #:

Email and phone #:

**NOTE: DO NOT BEGIN WORK UNTIL HOA APPROVAL IS GRANTED. FAILURE TO COMPLY MAY RESULT IN A REQUIREMENT TO RETURN YOUR UNIT TO ITS ORIGINAL CONDITION AT YOUR EXPENSE, FINANCIAL PENALTIES OR BOTH.**

In the space below, provide a visual sketch and/or written description of the work to be performed as appropriate to your project. Be as detailed as possible, including desired start and completion dates, manufacturer information, colors and finishes, contractor name and license #, permits required, etc. If necessary, provide additional pages. Should this project affect the privacy or quiet enjoyment of another resident, the committee shall take this into consideration and make recommendations thereto, if necessary. Please submit this completed form to **HOAMAMMOTHESTATES@GMAIL.COM**.

ENTER SKETCH BELOW



Project

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approvals:

_____ HOA Board Architectural Committee Chair (Not required for standard window replacement)	_____ Name & Date (Printed)
_____ HOA Management Signature	_____ Name & Date (Printed)

Upon completion of project, a Notice of Completion and a copy of all signed permits shall be submitted to the Association Management and indicated via signature below. Please keep a fully executed (signed) copy of this form for your records.

_____ Notice of Completion and Permits Received Management or Board Representative	_____ Name & Date (Printed) HOA
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