

ASSOCIATION
ARCHITECTURAL REVIEW & EXTERIOR CHANGE REQUEST FORM

Homeowner Information: Please review current association Bylaws and/or Rules & Regulations prior to completing this form.

Owner Name: _____ Association Name: Sherman Pines

Property Address: _____

Home Number: _____ Cell Number: _____

E-mail Address: _____

Description of project including location, materials, color, impact on surroundings and current structure:

- ☐ Description of proposed project attached ☐ Drawing of proposed project (if needed)
☐ Photos included (if needed) ☐ Manufacturer's description/literature (if needed)
☐ Copy of Town Permit if required

Contractor Information/Name of Company: _____

Address: _____ Telephone Number: _____

Contact Person: _____ Onsite contact cell number: _____

Work Start Date: _____ Work Completion Date: _____

As per Section 7.03 e of the Declaration, the HOA requires home owners to ensure that their contractor of choice has provided proof of insurance.

Forward this form and all documents to Edgewater Management Group, Inc. via:

E-mail: kelly2@edgewatermg.com
Fax: 888.567.6784
U.S. Mail:
Edgewater Management Group, Inc.
PO Box 150
Fort Edward, NY 12828

Comments: _____

Property Owner Signature: _____ Date: _____

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FOR OFFICIAL USE ONLY

☐ Approved ☐ Disapproved

Authorized Signature _____ Date: _____