

**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](mailto: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: \_\_\_\_\_