

**Innovative Management by Bucci, LLC
D/B/A Elite Management Services Group, Inc.**

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For Management Use Only:

Missing Documentation: _____

Contacted resident via email phone vmail

Date(s): _____

Submitted to Board on: _____

Need _____ of _____ responses

Tally: _____

Master Association approval required? **Y / N**

Approved on: _____

Denied on: _____

Manager initials: _____ Date: _____

Notify Resident BOD decision Date: _____

File all documentation into resident file:

(Resident Alteration request form, BOD response and Approval/Denial letter)

**Request for Approval of
Exterior Alterations to Home or Land Areas**

Name of your Association: _____

Date: _____

Name of Owner: _____

Phone: _____ Fax: _____ Email: _____

Address: (site of Alteration) _____

Owners Mailing Address, if different than above: _____

TYPE OF ALTERATION: Landscape _____ Exterior of Home _____ Exterior of Bldg _____

Other (Explain) _____

SCOPE OF ALTERATION: Please explain your proposed alteration request in detail, include dimensions and location/proximity to your property lines. If your community requires specific colors, materials or products to be used, please list your first, second, and third choices if applicable. Please include any product information you may have such as: literature, catalog clips, paint & material samples (i.e. brick, stone, and shingles). You can add additional pages, if necessary.

Location of Alteration: Front _____ Rear _____ Side _____ Other _____

(Explain) _____
Material to be used: _____

Please explain effects on existing area, i.e. if anything that already exists will be changed or altered.

Expected Date to Begin: _____

Expected Date of Completion: _____

How does this alteration affect your neighbor (visibility, access, noise level)? _____

YOU MUST ATTACH A DRAWING OF THE PROPOSED PROJECT OR ALTERATION(S) ON YOUR PROPERTY / LAND SURVEY SHOWING EXISTING ELEMENTS (such as landscaping and structures). INCLUDE THE FIRST THREE FEET OF EACH OF YOUR NEIGHBOR'S LOTS AND YARD. SHOW DISTANCES FROM NEAREST EXISTING ELEMENTS TO PROPOSED ADDITIONS OR ALTERATIONS. It's helpful to use different color inks or dashed or dotted lines to distinguish between new and old areas.

Signature of your nearest neighbors to the right, left, rear, or abutting of your home to signify they have no objections to this alteration.

Street Address _____ Street Address _____

If you are unable to obtain neighbors signature, please explain why:

Your request requires Board Approval. Your request will be submitted to the Board once **all** required documentation is received. We ask that you allow a minimum of 7-14 days for them to make their determination. You will receive an email or written notice as to the determination. **No work may begin until you receive a written determination.** Please make sure you follow all local codes of your municipality, be prepared to submit your Township permit(s) to the Board.

Applicant Signature: _____