

River Edge Homeowners Association Architectural Change Application

Name: _____ Address: _____

Owner: _____ Telephone #: _____

Email Address: _____ Date of Application: _____

Nature of Proposed Alteration/Addition: _____

Proposed Start Date: _____ Completion Date: _____ Contractor: _____

Contractor Telephone #: _____ Materials to be used: _____

Please furnish copies of drawings or pictures showing the following:
Plan(s), Elevation, Cross Section(s)

Email completed form to:
Joe Urbanczyk (Fairwood Management) jurbanczyk@aol.com

This application will be forwarded to the Board of Directors for review and approval. This process can generally be completed within 24 hours. Please retain a copy for your records.

Signature of Applicant: _____

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THIS SECTION TO BE COMPLETED BY THE HOA BOARD

Date: _____

The enclosed application is: () Approved subject to final inspection if applicable
() Denied
Reason for Denial: _____

Latest completion date allowed after which any approval is revoked: _____

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Final inspection completed on: _____ or N/A

Approved by: _____