SANDY BRAE CSA

REQUEST FOR APPROVAL TO MAKE EXTERIOR ALTERATIONS

	To Begin Alteration
Address of Unit where Alteration will occur	(Approximate Date) Completion of Alteration
Home Phone Number of Applicant Work Phone	ne Number of Applicant Email Address of Applicant
Mailing Address of Unit Owner (if other than ac	ldress in #2)
Type of Alteration:LandscapeE (If other, please explain):	
Location of Alteration in respect to nearest unit:Other (please explain):	
Scope of Alteration: Please explain in detail what you are requesting per appropriate:	
	talled and/or removed and quantities of each material:
aware of this alteration: (Not necessary for like Note to Neighbors: Your signature indicates you h	-kind replacement requests) ave been notified of this proposed alteration. If you object
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Please note that the community welcomes and encourages alterations, which enhance and maintain property values. And to preserve the community's property values, Sandy Brae home owners have required that the Board of Directors approval must be granted in writing before any work can begin.