Highland Green Addition/Alteration Request

Resident Name (s) _____

Address _____ Phone _____

Email _____ Date _____

Resident Section

Description of requested addition/alteration. Please include Location, Dimensions and Materials/Color.

_____

_____

_____

_____

_____

_____

_____

_____

Anticipated Timeline _____

Abutter's Agreement if Needed

_____

_____

Approved _____ Not Approved _____

Approved with the Following Condition _____

_____

Management Point of Action for implementation _____

_____

_____

_____

This will include the approved plan with cost estimate and anticipated timeline.

Resident Signature _____ Management Signature _____

Your request has been approved (with the following conditions). Please note that any future maintenance, including damages, resulting from addition/alteration will be at shareholder's expense. If shareholder is unable/unwilling to maintain said addition/alteration at community standards, management reserves the right to perform any work needed to maintain building integrity and/or community quality and consistency. This will be at shareholder's expense.

Resident Signature _____ Management Signature _____

Date _____ Date _____