

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: _____

Forward this form and all documents to Edgewater Management Group, Inc. via:

E-mail: kelly.kenyon@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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- Approved Disapproved

Authorized Signature _____ Date: _____