



CONDOMINIUM ASSOCIATION  
1519 EAST CENTRAL ROAD  
ARLINGTON HEIGHTS, ILLINOIS 60005  
(847) 228-5176 • Fax (847) 228-5190

*Please submit completed application to  
the management office.*

## REPLACEMENT WINDOWS, BALCONY & PATIO GLASS DOOR ALTERATIONS & UPGRADE APPLICATION

HOMEOWNER: \_\_\_\_\_ DATE: \_\_\_\_\_ \*

BLDG ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ \*

CELL PHONE \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ \*

DESCRIPTION: Replacement of Glass Door: ☐ Replacement Bedroom Window(S): ☐

**REQUIRED WINDOW SPECIFICATIONS:** Required Replacement in-kind style, design & exterior color: **Approx. Dimensions:** Width: 59 Inches by Height 59 Inches: (*Window dimensions must be within 1 inch tolerance of required size*). **Window Style:** 2-lite Slider – operating lite-panel configuration shall match existing. **Glazing:** Minimum E2 glass. **Screens:** Full. **Exterior, Color:** Bronze: **Exterior Material:** Aluminum or Vinyl:

**REQUIRED GLASS DOORS SPECIFICATIONS:** Required Replacement in-kind style, design, & exterior color: **Approx. Dimensions:** Width: 5 Ft by Height: 6 Ft 8 Inches (*Glass Door dimensions must be within 1 inch tolerance of required size*): **Glazing:** Minimum E2 glass. **Screens:** Half. **Exterior Color:** Bronze: **Exterior Material:** Aluminum or Vinyl: **Door Glass Style:** 2-Door Panel Slider - Operating Panel configuration shall match existing.

**WINDOW & GLASS DOOR PRE APPROVED MANUFACTURERS:** The Owner's A&A Application can be approved by the Property Management Office upon receipt of a proposal from a PRE-APPROVED Manufacturer. Pre Approved Manufacturer Installation Contractors: Gilkey Window or Sahara Window: *ALL OTHER Window and Glass Door Manufacturer proposals REQUIRE BOARD APPROVAL prior to installation.* Contractor's Evidence of Insurance shall be attached to this A&A Application along with the Contractor's Quote to the Owner.

**FAILURE TO ACQUIRE APPROVED APPLICATIONS FOR ANY TYPE OF IMPROVEMENT/ALTERATION MAY RESULT IN THE BOARD REQUIRING REMOVAL AND AFFECTED AREA TO BE RESTORED AT THE OWNER'S EXPENSE.**

**ACKNOWLEDGEMENT:** *I acknowledge that I am required to have written permission from the Dana Point Board of Directors Prior to Proceeding with my Alteration or Upgrade. I accept full responsibility for the altered area and agree to maintain it in a safe and presentable condition.*

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ \*

### FOR OFFICE USE ONLY

Date Received By Office: \_\_\_\_\_ Date Approved: \_\_\_\_\_

BOARD SIGNATURE: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Final Inspection By: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Date Copy Sent to Owner: \_\_\_\_\_ Contractor Certificate of Insurance on File:

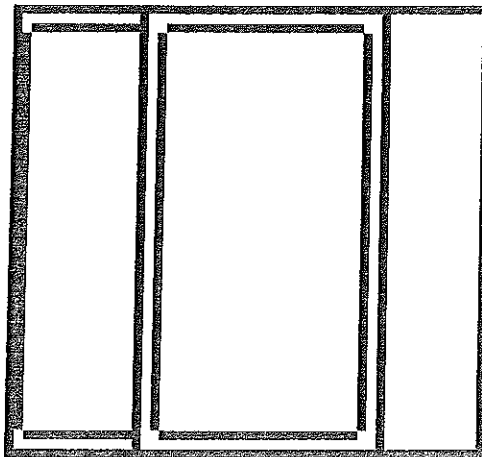
Date Original Sent to File: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_



CONDOMINIUM ASSOCIATION  
1519 EAST CENTRAL ROAD  
ARLINGTON HEIGHTS, ILLINOIS 60005  
(847) 228-5176 • Fax (847) 228-5190

## REPLACEMENT WINDOWS - BALCONY & PATIO GLASS DOOR SPECIFICATIONS

**REQUIRED GLASS DOORS SPECIFICATIONS:** Required Replacement in-kind style, design, & exterior color: **Approx. Dimensions:** Width: 5 Ft by Height: 6 Ft 8 Inches (*Glass Door dimensions must be within 1 inch tolerance of required size*): **Glazing:** Minimum E2 glass. **Screens:** Half. **Exterior Color:** Bronze: **Exterior Material:** Aluminum or Vinyl: **Door Glass Style:** 2-Door Panel Slider - Operating Panel configuration to shall match existing.



**REQUIRED WINDOW SPECIFICATIONS:** Required Replacement in-kind style, design & exterior color: **Approx. Dimensions:** Width: 59 Inches by Height 59 Inches: (*Window dimensions must be within 1 inch tolerance of required size*). **Window Style:** 2-lite Slider – operating lite-panel configuration shall match existing. **Glazing:** Minimum E2 glass. **Screens:** Full. **Exterior, Color:** Bronze: **Exterior Material:** Aluminum or Vinyl:

