



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

ALTERATIONS & ADDITIONS APPLICATION

HOMEOWNER: _____ DATE: _____ *

ADDRESS: _____ HOME PHONE: _____ *

CITY: _____ IL _____ WORK PHONE: _____ *

DESCRIPTION OF IMPROVEMENT: _____ *

DIMENSIONS: _____ *

SUPPLIER: _____ APROXIMATE COST: _____ *

SUPPLIER MUST PROVIDE CURRENT CERTIFICATE OF INSURANCE TO DANA POINT NAMING THEM AS ADDITIONAL INSURED.

DRAWINGS OF ALL IMPROVEMENTS MUST BE ATTACHED TO THE APPLICATION TO SHOW LOCATION AND DIMENSION RELATIVE TO EXISTING RESTRICTIONS.

WINDOW & DOOR REPLACEMENTS, OWNERS CAN ONLY USE DANA POINT APPROVED MANUFACTURERS. FAILURE TO ACQUIRE APPROVED APPLICATIONS FOR ANY TYPE OF IMPROVEMENT/ALTERATION TO COMMON OR LIMITED COMMON ELEMENTS MAY RESULT IN BOARD REQUIRING REMOVAL AND AFFECTED AREA TO BE RESTORED AT THE OWNER'S EXPENSE.

SIGNING OF THIS DOCUMENT, 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: _____ *

SEND COMPLETED FORM TO THE MANAGEMENT OFFICE AT ADDRESS AT TOP OF FORM.

FOR OFFICE USE ONLY

DATE RECEIVED: _____ BY OFFICE: _____ *

DATE APPROVED: _____ BOARD SIGNATURE: _____ *

REASON FOR DISAPPROVAL: _____ *

FINAL INSPECTION BY: _____ DATE: _____ *

COPY TO HOMEOWNER: _____ CERTIFICATE OF INSURANCE ON FILE: _____

ORIGINAL TO FILE: _____ YES _____ NO _____ *