

Exterior Alteration Request form

Date Received: _____
(For Office Use Only)

(PLEASE PRINT OR TYPE)

Name _____

Address _____

Phone No. (day) _____ (evening) _____

E-Mail _____

- I understand that one application form must be filled out for each requested improvement or alteration.
- I understand that all improvements must be conducted and/or inspected by a licensed and insured contractor and that proof of such documents must be provided with this form.

Please check the category that applies to the description of change or alteration.

Deck (DK) _____ Door (DR) _____
Planting (PL) _____ Siding (SD) _____
Windows (WD) _____ Other _____

Below please provide a complete description of the changes with details of the work to be completed including the nature, shape, height, materials and location of any alteration. Submit any plans, drawing, pictures, sketches, or samples as required for your specific alteration as an attachment. Try to limit your attachments to sheets of paper no larger than 8 ½ x 11. Include samples if available, such as for shingles. Upon request all samples will be returned.

Description of Changes:

All completed forms and attachments must be received by the 30th of the month in order to be reviewed by the Board of Managers at the meeting for the following month. Submit this request and all necessary documentation to:

CRM Management Services
401 Bloomingdale Road, Suite 4
Staten Island, NY 10309
administrator@crmmanagementny.com

***NOTE* The Board of Directors has up to 30 days in which to respond to a request. However, providing all necessary information and documentation will facilitate a faster response.**

If you have any questions or comments, please contact the management team at 718-684-9396.

By signing and submitting this Exterior Alteration Request Form, homeowner agrees to the following:

1. I understand and agree that no work on this request shall commence until written approval of the Board of Directors has been received by me. I understand the board reserves the right to impose penalties and pursue legal action for any work done without written approval.
2. I understand that the Board has thirty (30) days to review all submitted documents and approve or disapprove an alteration request. If I am unsatisfied with the decision, it must be appealed within fifteen (15) days by giving written notice of appeal to CRM Management Services, LLC. The Board of Directors will then determine the appeal. Their decision will be final at that time.
3. I understand that if my application does not contain complete information it will be returned to me.
4. I understand that I have six (6) months from the date of approval to complete the approved improvement. If I am unable to complete the improvement within six months, I must file with CRM Management Services, LLC a request for an extension of time to complete the improvement.

Homeowners:

Signature(s) _____

Date: _____

Signature(s) _____

Date: _____

FOR BOARD USE ONLY (BELOW)

- APPROVED*
- DENIED*
- APPROVED SUBJECT TO THE FOLLOWING CONDITIONS:*

Approval is subject to obtaining all necessary permits.

Board of Managers/ Agent for Board:

Signature(s) _____

Date: _____

PROJECT IS COMPLETE. REINSPECTION DATE: _____

When the approved alteration has been completed, it will be re-inspected to determine that the work has been done in accordance with the request.

- APPROVED*
- DENIED*

Board of Managers/ Agent for Board:

Signature(s) _____

Date: _____