HUNTING RIDGE CONDOMIUMS ARCHITECTURAL VARIANCE REQUEST APPLICATION

<u>DATE</u> :			
OWNERS NAME:	Print	Signature	
ADDDEGG		 	
ADDRESS:			
HOME TELPHONE #:	<u>D</u> .	AY TELEPHONE #:	
completed application and any sample	es/exhibits to the Hunting	sign Review Guidelines. Mail or deliver y g Ridge Condominium On-Site Office at 6 u will be notified by a telephone call or ma	5914
TITLE OF PROPOSED UNIT CHA	ANGE:		
below. Please note contractor's name which windows are being replaced. F	e, expected start and comp for internal unit reconstructions in the submitted be	er, please describe and/or sketch proposed pletion date. For window replacement ple action list all dimensions of existing unit of efore your request will be considered. Dra f form.	ease note openings
Recommended Approval ()			
Recommend Disapproval ()			
Date:			
	Managemer	nt Agent, CVI	
Approved ()			
Disapprove ()			
Date:			
	President, Board	of Director, HRC	