BETHEL GRANT HOMEOWNERS ASSOCIATION, INC.

REQUEST FOR ALTERATIONS

DATE SUBMITTED: _____

UNIT OWNERS: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____
FAX: _____

DESCRIPTION OF PROPOSED IMPROVEMENT, CHANGE ADDITION OR AL TERATION TO UNIT OR:

_____

_____

_____

_____

_____

_____

_____

(WHERE, APPLICABLE PROVIDE WRITTEN DESCRIPTION INCLUDING TYPE, COLOR, TEXTURE OF MATERIALS TO BE USED)

DETAIL PLANS AT 1/2 = 1'0"

CONTRACTOR'S NAME:_____
ADDRESS: _____
TELEPHONE: _____

I HAVE RECEIVED, READ AND UNDERSTAND THE AL TERATION POLICY OF BETHEL GRANT. I AGREE TO ABIDE BY THE AL TERATION POLICY, AND TO PROCEED ONL Y AFTER BOARD AUTHORIZATION.

FOR BOARD USE

DATE RECEIVED: _____
APPROVED: _____ APPROVED AS NOTED: _____
DISAPPROVED/RESUBMIT: _____

MAIL ALTERATION REQUEST TO:

BETHEL GRANT CONDOMINIUMS
C/O THE WINDSOR REALTY GROUP, LTD.
650 SENTRY PARKWAY, SUITE 205
BLUE BELL, PA 19422