RESPONSE DUE (ON OR BEFORE 45 DAYS FROM RECEIPT IN OFFICE): _____/_____/_____

ARLINGTON VILLAGE CONDOMINIUM
COVENANTS COMMITTEE PREAPPROVAL FORM

Unit owner requesting approval: _____

Unit street address and number: _____

Home phone: ( ) _____ Work phone: ( ) _____

TYPE OF PREAPPROVAL BEING REQUESTED

General category:	_____	Alteration or addition within unit
	_____	Alteration of Limited Common Element
	_____	Alteration to Common Element
Type of alteration:	_____	Deck change or improvement
	_____	Washer/Dryer installation under stairs (provide details below or on separate sheet)
	_____	Electrical wiring change or addition
	_____	Plumbing change or addition
	_____	Wall or door removal or relocation
	_____	Other (provide details below or on separate sheet)

Name of Contractor _____

Additional information or details: _____

_____

Drawing or sketch attached? _____ Yes _____ No

Signature Of Unit Owner _____ Date _____