## **ALTERATION REQUEST FORM**

Return completed form t ESSEX CONDOMINIU	M CORPORATION	NO	
c/o Danbury Property Ma 2296 Richmond St. – L	5	N N8Y 1L6 Tel: (519) 92	74-3003 Fax: (519) 974-6893
Name:			
Phone:			
Unit Address:			
Owner's Name & Add	ress (If different):	:	
Alteration Requested	:		
Are building permits	required for this p	rojects? Yes	No
If Yes, specify:			
	-		r contractor's drawings, sketched, photos, s possible regarding your renovations.
Renovation Start Date	e:	Estimated Cor	npletion Date:
The undersigned as ( page 2 hereof.	Owner/occupant o	of this unit agree to a	all terms of the conditions set out on
Signature of Owner:		Date:	

/ Continued...

Date Received:	Reviewed At Meeti	ing of:
APPROVED:		
Without Conditions:	With Conditions:	(see attached next page)
	ch written consent shall be provided	a Unit without prior written consent of the to the Board at the time of the submission of
2. All work is to be con renovation and in com	mpleted in a professional manner,	in accordance with the approved plan of required to complete such work, evidence of
	ations to the approved plan of ren changes or alterations can proceed.	ovation must be approved by the Board of
5. The Owner/occupant s representative/enginee	shall notify the Board of the comple r shall inspect the Unit to ensur	are solely the responsibility of the Owner. etion of the work, at which time the Board's e all renovations have been completed in equired. The deposit will then be returned to
NOT APPROVED:		
REASONS:		
MORE INFORMATION RE	QUESTED	
Specifically:		