

EXTERIOR MODIFICATION APPLICATION
HEARTHSTONE EMA

PLEASE PRINT INFORMATION

Full name: _____

Unit Address: _____

Description of Modification: _____

Please draw or attach a plan showing the exact location with respect to the unit. Please also note and review policy prior to submission in regards to architectural modification(s).

Materials and Colors: _____

Modification to begin on: _____ To be completed by: _____
An approximate date is sufficient.

The owner(s) or their designees (contractor) must comply with the following:

- The specifications as approved by the Board of Directors.
- Applicable building regulation, ordinances, etc. including final inspection.
- Repair of any damage to the Common or Limited Elements or to any other unit.

Approved/Disapproved: By: _____ Date: _____

PLEASE SUBMIT FORM TO:

Patterson-Merkle
4900 Reed Road #230
Columbus, Ohio 43220
(614) 235-1187 phone
(614) 459-8851 fax