## **REQUEST FOR ARCHITECTURAL REVIEW**

## **RONOLA APARTMENTS CONDOMINIUM ASSOCIATION**

c/o JMA Community Management

	Please only start project	ts after written approval is received.
		Date
To: Association Management		
Unit Owner		Unit #
Address		
Phone #	EMAIL	
Describe in detail the modification	ation action being requested. <b>REQUIRE</b>	ED ATTACHMENTS: Photos, Drawing, Scope of Work
I have read the Covenants	s and Restrictions of my Commun	nity Association and agree to abide by them. I understand and, in caused to others as a result of these tasks, to comply with all local
I have read the Covenants return for approval, I agre building codes or permits streets, common area free	s and Restrictions of my Commune to be responsible for all losses requirements, to complete the province of th	nity Association and agree to abide by them. I understand and, in caused to others as a result of these tasks, to comply with all local roject according to the approved plans, and to keep sidewalks, ponsible for any cost associated with clean-up if the association is
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Notice of Acceptance and Product Specifications may be <u>Required</u> for Windows, Exterior Doors, and Storm Shutters. <u>These items may require a</u> <u>Notice of Commencement from the Building Department.</u>

## ASSOCIATION and Management Company MUST Be Listed as Certificate Holder.

RONOLA APARTMENTS CONDOMINIUM ASSOCIATION JMA COMMUNITY MANAGEMENT

## DO NOT SUBMIT AN APPLICATION UNLESS ALL INFORMATION REQUESTED IS INCLUDED