Mammoth Hollow Condominium Owner's Association
PROJECT APPROVAL APPLICATION

Unit Address:_____

Unit Owner:_____

Current Resident (if other than owner):_____

Owner's Signature:_____
(Please note that if the unit is not owner-occupied, the owner's signature still MUST be obtained)

Brief Description of the changes to the exterior or surrounding *exclusive use or limited common areas._____

_____

_____

_____

_____

Please note: Diagrams drawn to scale may be needed in addition to the description. Please use the back of this form for the diagram or for additional space.
*(Exclusive Use Area is a 20 ft. from your building, unless two homes are closer than 40 ft. In this instance, the Exclusive Use boundary is halfway between the buildings).

Who will be performing the work?_____
(If an independent contractor is used, proof of their liability insurance is recommended, as the Association's insurance only covers those individuals hired by the Association to perform work).
Please Note: All City, State, and County permits must be obtained and properly posted prior to the onset of any work being performed. Additionally a copy of the Building Permit MUST be submitted to the MHCOA Board of Directors as soon as this is obtained.

FOR BOARD USE ONLY:
Date Received:_____
Action Taken By the Board:_____
Building Permit Copy Received Date:_____

It is your responsibility to notify/contact any units impacted by this change. Please list these unit numbers, and have the appropriate unit owners initial this form in the space below, prior to submission to the MHCOA Board.

Unit #_____ Initials_____

Unit #_____ Initials_____

Unit #_____ Initials_____

Unit #_____ Initials_____

What is the anticipated timeline for completion? _____

Please Note that you must file for an extension, if work will not be completed by the above date.

The MHCOA Board has 5 business days from the receipt of this form to respond to the owner.