

Site Improvement Request Form

NO WORK may be done on any site without this form being submitted and approved by the Site Improvement Committee.

SITE# _____

1. Description of work being requested: _____

2. Detailed drawing of work placed on the rear of this application.

3. Who will be doing the work? _____

If the work is being done by a contractor. You will need to provide his proof of workers compensation insurance and liability insurance.

4. Start date: _____ Completion Date: _____

5. This form must be posted at site during work dates.

(All parties on license must sign this form)

Licensee(s)

Print Name Signature Date

Print Name Signature Date

Site Holders Phone Number: _____

Site Improvement Consists of 2 Board Members as well as the President of the Board.

1. _____ Date _____

2. _____ Date _____

President _____ Date _____

Inspection after completion - Board Signature: _____

Date