

## **APPLICATION FOR MINOR MODIFICATION**

(Please Print)

Submittal Date:			Start Date:		Completion	Completion Date:		
OWNER INFORMATION								
Homeowner's last name: First Name(s):								
Street address:							Home phone no.:	
P.O. Box: City:				State: Z		ZIP Code:		
Secondary Contact Name:							Contact phone no.:	
							,	,
MODIFICATION								
Location:		Material:			Manufacturer/Brand:		Colors	:
If applicable, name, address and phone number of contractor:								
Please indicate improvement type:		☐ Paint		□ Roof	☐ Roof ☐ Fence			☐ Siding
		☐ Windows		☐ Landscape ☐ Driveway/Sid		walk	☐ Other	
Please inc	dicate attachment type:	☐ Color/Material Sample ☐ Architectural Drawing ☐			I Sketch ☐ Other		☐ Other	
Please describe the planed change/improvement/modification:								
*** Note: Only submit one application for each modification. Approval must be provided to the homeowner by the board prior to the start of any project. Please be sure to review the Stratton Flats Design Guidelines when planning any project. All modifications must meet said guidelines.  *** Homeowner must submit all applicable drawings, sketches, and material and / or color samples and include a copy of building permit if applicable.  *** Homeowner should keep a copy for personal record.								
Homeowners signature Date						Date		
HOA BOARD USE ONLY	Board Decision: 🔲 A	pproved	□ Denied					
ONLY					Ĺ	Date		