

SIGNATURES MUST BE OBTAINED FROM ANYONE VISUALLY AFFECTED BY THE ALTERATION WHO ARE WITHIN 100 FEET OF PROPOSED ALTERATION

APPLICATION FOR A ROUTINE CHANGE

Providence Point Homeowners Association
4135 -A Providence Point Drive SE
Issaquah, WA 98029

APPLICANT INFORMATION

Name(s): _____

Address: _____ Bldg: _____

Village: _____ Telephone: _____

IF OTHER THAN APPLICANT

Owner's Name & Address: _____

TYPE OF ALTERATION

Circle the Appropriate Alteration, and include Description and Location of Alteration:

1. Storm/Screen Door Combinations; Window Screens
2. Awnings
3. Attic Ventilators
4. Limited Common Area Exterior Lighting Changes
5. Heat Pumps/Air Conditioners
6. Privacy Lattice Screens or Enclosures
7. Coverings for Wooden Walkways/Bridges
8. Signs
9. Solar Control Devices/Tubes

APPLICANT'S SIGNATURE: _____ **DATE:** _____

OWNER'S SIGNATURE: _____ **DATE:** _____
(If other than applicant)