

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

APPLICATION FOR A NON-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: _____

DESCRIPTION OF ALTERATION

Describe proposed alteration in as much detail as possible. Attach separate sheet if necessary. Attach plan samples, photographs, as appropriate.

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

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