Request Form: *Architectural Alterations & Additions*

Date: _____ Contractor Name: _____

Name: _____ License #_____ Permits required: Y N

Address: _____ Contact Name: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Description of Project: _____

_____

_____

_____

_____

Materials Used: _____

_____

_____

_____

_____

Please circle answers:

Have you discussed this proposal with your neighbors? Yes No N/A

If yes, please have them initialize here: _____

Does this project require a permit from the City of Plymouth? Yes No N/A

Will you have a licensed contractor for your project? Yes No N/A

If yes, please fill out Contractor information above.

Is your request consistent with the current Architectural Quality Standards? Yes No N/A

When do you plan on starting the project? _____

How long will it take to complete the project? _____

Please attach:

☐ Detailed Drawings

☐ Product/Mfg Data sheets

☐ _____

www.chelseawoods.org/association-documents

Signature of Architectural Lead for Approval _____

Printed Name _____

Date: _____

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