

Harbourmaster ARB Request Form

Unit # _____

Owner Name: _____

Modification Details (please be specific): _____

Anticipated Start Date: _____

Anticipated Finish Date: _____

Town Permit Required? Yes _____ No _____

If Yes, please provide a copy as supplemental information to this application

If utilizing a contractor, please supply their contact information below:

Company Name: _____

Contact Person Name: _____

Cell Phone: _____ Email: _____

Please provide copies of any contracts and photos of products/colors/samples affiliated with this modification request as a supplement to this application.

I understand submission of this application is not an approval from the Harbourmaster Horizontal Property Regime Board of Directors. Any changes to an approved modification request must be applied for and are subject to the approval process. An application is not approved unless signed by both parties.

If approved, please keep this signed document in your permanent records.

Owner Signature: _____ Date: _____

Harbourmaster BOD President and/or Management Representative of IMC may sign on behalf of the Harbourmaster BOD.

Approval Signature: _____ Date: _____

Email completed application to:

AJ Bucko, Association Manager

ajb@imchhi.com