REQUEST FOR DESIGN APPROVAL HUNING GARDENS COURTYARD CONDOMINIUM ASSOCIATION BOARD OF DIRECTORS

(PLEASE PRINT)

Owner Name	Date:
Property Address	
Mailing Address (if different)	
Work Phone	Home Phone
Email Address	
On the reverse side of this form, please describe the propinctude a <u>copy of your property plat and indicate</u> <u>addition, distance to property lines from proposed property and relevant surrounding features</u> . Als <u>following information:</u> <u>style, dimensions, material</u> <u>and the proposed construction time schedule and include a color sample.</u> Submitted material will not be information, your request will be deferred until additional in	the exact location of proposed change or d change or addition, dimensions of backyard o, this request must include a sketch with the als, color of the proposed change or addition, a contractor, if any. Requests for repainting must returned. Should the committee require additional
Notes:	
 The owner understands and agrees that no work in the Board. The Board has thirty days to respond to an 2. Once approved, the construction must be completed neighboring properties. Applicant has responsibility for removal, in a timely mad 4. Construction must meet all zoning, building codes, a regarding zoning, call (505) 924-3850. For information nothing herein contained shall be construed as a wavier of the second shall be construed as a wa	in a way that does not unreasonably interfere with anner, of any debris resulting from construction. and City and County laws. For further information on on building permits call (505) 924-3963. Further, or modification of any such code or law. before excavation is started. This service is provided quired to provide for your safety. For location of water and sewers call New Mexico One Call at 260-ss days before the day you plan to dig. Please note are severed.
Owner Signature	Date
Submit this re	quest to:

Submit this request to:
enTrust Association Management
2823 Richmond Dr., NE-Albuquerque, NM 87107
Phone: (505) 266-2000; Fax: (505) 266-0300

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Describe proposed changes or ac	Iditions (attach additional	sheets if necessary	y):
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	rectors, the proposed im	provements will be	e completed within
days of Notice of Approval.			
	eviewed the proposed in		/e understand that the neighbor contact neighbors to consider their
	Address:		Circle: Approve / Object
(Signature)			
(Printed Name)			
(Signature)	Address:		Circle: Approve / Object
(Printed Name)			
(Signature)	Address:		Circle: Approve / Object
(Printed Name)			
=======================================	FOR OFFICE U		
Data Bassissad			
Date Received:	Submitted to Board of Directors on:		
Action:	ApprovedD	enied	Conditional Approval
Decision Letter sent on :			