

Alteration Application

Date \_\_\_\_\_

Applicants Name \_\_\_\_\_

Applicants Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(list address where alterations are to be made)

Phone # \_\_\_\_\_

Please identify the changes that you are proposing to make to the unit. You may do this on separate sheets. Be specific, include a plat plan, if applicable, type of materials, colors and any other pertinent information. No alterations are to be done until the Owner has received **written approval** from the Design Review Committee.

Any changes made without written approval will be the Owners Responsibility to remove and or face penalty as provided by the HOA CC&Rs.

Approval by the Design Review Committee for any alteration does not alleviate the Applicant of any responsibilities in meeting the City's zoning, codes and in obtaining necessary permits.

Provide 2 complete copies of application information including alterations. The Design Review Committee will return one set and keep one set for permanent records.

\_\_\_\_\_  
Applicant's signature

Please submit to:  
Crystal Property Management  
1512 Grand Ave, STE 109  
Glenwood Springs, Co. 81601  
Phone 970-945-7266  
Fax 945-7281