

DORCHESTER CONDOMINIUM ASSOCIATION, INC.

Architectural Review Board (ARB) Application For all Modification(s) or Improvement(s)

Owner Information

Owner(s) Name: _____

Address: (if seasonal) _____

Building: _____ Unit: _____

Day telephone: _____ Evening telephone: _____

Email: _____ Fax: _____

Contractor Information

Contractor & Contact Person: _____

Contractor Office Phone: _____ Cell _____

Email: _____ Fax: _____

Approval is hereby requested to make the following modification(s) or improvement(s) as described and depicted below, or on the 2nd page of this application as necessary. Please include such detail as materials, design, size, location and other pertinent data described as:

(Continue on page 2 if additional space is needed)

Attachments provided:

_____ Completed Application

_____ Copy of Contract(s) or Proposal from contractor. Include copy of license and insurance (Liability, minimum \$250,000. Dollars, and proof of workman's compensation.)

_____ Approved _____ Not Approved Director _____ Date ____/____/____

Reason declined.

