

Baxter Ridge Condominium Association
APPLICATION FOR APPROVAL OF EXTERIOR MODIFICATION

This form must be completed and mailed to Baxter Ridge Condominium Association, PO Box 425, Chesterfield, MO 63006 **OR** emailed to contact_us@baxterridgecondos.com. The board will review your request and advise you if the modification is approved or not approved.

Please complete all the information below:

Unit Owner: _____ Phone: _____

Unit Address: _____ Email Address: _____

Description of Proposed Modification

(Attaching pictures, renderings, sketches will help expedite the approval process)

Contractor Information

Contractor/Installer Name and contact information:

Contractor has provided liability and workmen's compensation insurance certificates with Baxter Ridge Condominium Association as Additional Insured ____ Yes ____ No. If no, explain why not _____.

Contractor has obtained work permits ____ Yes ____ No. If no, explain why not _____.

For Board Use Only

Date Received _____ Date Owner Notified of Disposition _____

Communication with Owner _____

____ Approved ____ Not Approved Date: _____

Notes/comments: _____
