

SEACLIFF PLAZA – ALTERATION REQUEST FORM

Property Location:

Street Address: _____

Owner Information:

Name/s: _____

Phone #s: Days: _____ Evening: _____ Fax: _____

Cell: _____ E-mail: _____

Project Type and Description:

Shed Fence Landscaping Walkway
 Paint Color Satellite Dish Roof Deck Other

All proposed alterations require design illustrations. Please attach illustrations to this form upon submission to the managing agent.

Although it is not required, it is recommended that the person submitting an "Alteration Request Form" attend the next board meeting to be available to answer any questions the board may have about the request.

Submit this request form to the managing agent:

Mailing Address: Snow's Management Inc.
2701 Fairbanks St., Suite A
Anchorage, AK 99503

Physical Address: Snow's Management Inc.
2701 Fairbanks Street
Anchorage, AK 99503

Phone: 563-8333
Fax: 563-8313 Email: info@snowsmanagementak.com

Owner/s Read and Sign:

I/we have read and understand the Declaration of Seacliff Plaza Condominium Owners' Association, which applies to my property; and, to the best of my/our knowledge, this submittal complies with those requirements. If applicable, we will complete the construction within one summer construction season, no later than September 30.

Signature of Owner(s): _____ Date: _____

Signature of Owner(s): _____ Date: _____