

Williston Eastview Condominium Association, Inc.

# Homeowner Request Form

See Association Rules & Regulations for complete information.

**Request approval of changes to garden beds or plantings**

Accompany request with a drawing of bed plans and list of plant types

**Request permission to install heating unit**

Type/model: \_\_\_\_\_

Fuel: \_\_\_\_\_

Installer name & phone: \_\_\_\_\_

**Satellite dish approval request**

Location: \_\_\_\_\_

Type: \_\_\_\_\_

Installer name & phone: \_\_\_\_\_

**Skylight approval request**

**Garage sale approval request**

One moving sale is permitted per unit sold no more than 30 days prior to unit owner moving, limited to two consecutive days between Friday and Sunday, and limited to 9:00 am to 5:00 p.m. Signs may be posted at end of access road on Route 2A.

Moving day: \_\_\_\_\_

Garage sale days requested: \_\_\_\_\_

**Three and four season room addition approval request**

Owners repair, maintenance, insurance agreement attached: \_\_\_\_\_

Master insurance premium assessment attached: \_\_\_\_\_

**Permanent air conditioner installation approval request**

Location: \_\_\_\_\_

Type: \_\_\_\_\_

Installer name & phone: \_\_\_\_\_

Request date: \_\_\_\_\_

Owner name & signature: \_\_\_\_\_

Unit: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Mail to:**

Eastview Condominium Association

P.O. Box 506

Williston, VT 05495

Contact: Jeffrey Haslett, 802-288-9140, eastview@copmanagement.net

ADMIN USE

date received by property management \_\_\_\_\_

cc to board \_\_\_\_\_

action taken \_\_\_\_\_

action taken cc to owner \_\_\_\_\_

Approved Eastview Homeowners Association Board \_\_\_\_\_