

## **INSTALLATION/ALTERATION PERMIT**

Date:			
Name:		Address:	
Telephone:	Home:	Work:	
I hereby appl my Townhou	se: NOTEany plumbing or ele	appliances and or make the following alte etrical work must be done by a licensed co	ontractor.
Work to be per		Contractor's lice	
Will any open	ing(s) be required through walls,	roofs, etc.? if so where:	
of the cost of th installation/alter membership. If restore the town	e alteration or restoration. I unders ration shall not be reflected on the the installation/alteration was not a house or exterior to its original cor	tore the townhouse or exterior to its original tand and acknowledge that the value of the a books of the Cooperative or in the transfer vapproved or not unauthorized, the Member midition.  Date:	bove alue of the Member' aay be required to
		<b>&gt;&gt;&gt;&gt;&gt;&gt;&gt;</b>	
This permit is h	erebyGRANTED	DENIED	
Cooperative Cor	nments:		
	rs or Management acting as their Agent	Date:	
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und to comply	ork has been inspected by	on sas set forth in the Handbook and or other	and
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Rev Revised 11/05