Autumn Grove Homeowners Association

Alterations & Additions Application

CONTACT INFORMATION (PLEASE PR	RINT)		
Homeowner(s)		Date	
Unit Address		City, State, & Zip Code	Lot No.
Offit Address		City, State, & Zip Code	LOT NO.
Email Address		Phone: 🖵 Cell 🖵 Home 🖵 Work	
PROJECT			
Description of Improvement		Type / Material / Color	
Dimensions		Approximate Cost	
Dimensions		Approximate Cost	
Volo Permit No.		J.U.L.I.E Dig No.	
VENDOR INFORMATION (IF APPLICA	BLE)		
	<u> </u>		
Company Name		Website	
company name			
Company Representative		Phone	
INTERNAL USE			
/ /	/ /	/ /	
Date Received / By	Date Approved / By	Final Inspection Date / By	
December Discourse of Constitution			
Reasons for Disapproval (if applicable)			
		Application Round: 🖵 1st 🕒 2n	d 3rd 4th
Please Attach:			
1. Plat of Survey showing the exis	ting structure and		
A. The specific location of the			
		ny such changes also require the	
	e Village of Volo or Lake County		
		7. cifications. A vendor proposed plan i	is preferred
2.1 icture, plan, or drawing of the	improvement(s) including spe	emeations. A veriuor proposed pidiri	5 picieneu.
I/We submit this Application purs	uant to the Autumn Grove Hor	meowners Association Declaration	
		comply with all Autumn Grove Home	owners
		regarding the proposed alteration of	
, and the second			
Signature		Date	

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PLAN & ADDITIONAL INFORMATION