

Please provide the name and contact information of your contractor/vendor:

Name: _____

Business Address: _____

Telephone Number: _____

Contractor's Insurance Company, Policy #, and expiration date:

What is your anticipated start date: _____

What is your completion date: _____

Signature of Owner

Date

Approval by Board of Directors
Authorized Signature

Date

Disapproval by Board of Directors
Authorized Signature

Date

Comments: (Restrictions, additional requirements, reason for disapproval)

Mail to:
North Point Condominium Association
c/o Ken Clifton
3922 North Point Dr.
New Castle, PA 16105