

\_\_\_\_\_ **CONDOMINIUM ASSOCIATION**  
**Architectural / Landscape Pre-Approval Request**  
**Submit to GFK Management**

**APPROVAL IS REQUIRED FOR ALL CHANGES OUTSIDE YOUR UNIT PRIOR TO START OF WORK**

Date: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_ Bldg/  
Unit.: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Required Attachments (as applicable):**

- Copy of Contractors Business License
- Copy of Contractors Insurance Certificate including an Additional Insured Endorsement listing GFK Management and the name of the Association.
- Product information/brochure
- Scope of Work
- Plan/Drawing of location and improvement

<b>Proposed Alterations:</b>  _____  _____  _____  _____  _____
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QUESTIONS OR CONCERNS REGARDING THIS REQUEST SHOULD BE DIRECTED TO  
THE ASSOCIATION MANAGER, AT GFK MANAGEMENT (206) 285-1645 \* Fax (206) 285-1658

*INFORMATION ABOVE THIS LINE TO BE COMPLETED BEFORE SUBMISSION*

**COMMITTEE/ BOARD OF DIRECTORS**

This response is specifically limited to the Description(s); Drawing(s); Specifications(s); Modification(s); and Improvement(s) which are stated in or attached to this Request Form as signed and approved by the Board of Directors and as permanently retained as the Official Record of the matter by the Association.

The Board will receive requests by the 15<sup>th</sup> of the month from GFK. They will have 15 days to investigate and review and submit their recommendation to the Board via the Secretary. The Board will review and make their decision at the next Board meeting.

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Schedule Meeting: \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Conditions of Approval / or Reason for Denial:          
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Decision by Board members present and vote: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Authorized Signature