

- APPROVED
- NOT APPROVED

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Describe in detail the changes or modifications for which you are requesting approval:**

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**Please complete, attach, and sign this form with the following information:**

1. Proposal and labeled sketch of work to be done.
2. Copy of contractor's occupational license.
3. Copy of contractor's liability insurance and worker's compensation (where certificate holder must state **Village at Swinton Square Condominium Association** OR unit owner's proof of liability coverage (if unit owner is performing the work without a hired professional).

**Materials you may need to provide for the Association to make a decision on your request include:**

1. A picture, drawing or advertising materials displaying the items you are requesting for installation.
2. Items must include labels, names, product names, dimensions, and all other helpful information. If referring to landscape or plants, include species name, and size of plant/tree at full maturity.
3. Any materials or information that may assist in Association evaluation of requested project.

**It is understood that the changes or modifications which you are requesting may NOT:**

1. Be considered if the proposed changes have a negative impact to the structure, foundation, or walkways to the unit.
2. Interfere with, or obstruct any common element of the community.
3. Damage landscaping or modify the irrigation system. If you do so, you are responsible for all repairs.
4. Cause a nuisance or interfere with the peace or privacy of the other people in the community.
5. Be performed by unlicensed contractors or without the required permits from all governmental agencies.

**General Reminder:** VSS is a Condominium Association where the exterior and landscaping is owned by the Association (NOT THE UNIT OWNER). Please be advised that any changes approved are subject to future removal by the Association for consistency and maintenance to the Community.

Homeowner's Signature: \_\_\_\_\_

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

**Please email this form and all supporting documentation to: [forms@swintonsquare.com](mailto:forms@swintonsquare.com)**