PROVIDENCE MANOR COMMUNITY ASSOCIATION MATTESON, IL 60443 ARCHITECTURAL IMPROVEMENT APPLICATION

NAME: DATE:		
ADDRESS:	TELEPHONE:EMAIL:	
NATURE OF IMPROVEMENT:		
COLOR(if applicable):	STYLE (if applicable) :	
LOCATION:	DIMENSIONS:	
CONSTRUCTION MATERIALS	Approximate Cost: \$	
	Approximate Cost: \$	
	J.U.L.I.E. DIG #	
location and dimensions. Said plans a applicable, showing the exact location IMPERATIVE that you contact the VDrive or 708.283.4900 to request a Pe Board Approval via the signed PMC obtained from the Village and a copy Village of Matteson with your reques management office, upon receipt, for hours for Board Approval, if all requadditional twenty-four (24) hours ** A copy of the contractor's Certificate applicable. IT IS IMPERATIVE TH marking underground facilities) @ 1-applicable. Illinois state law requires regardless of the depth or the size of the		f Survey", if IS Ilage Commons I must receive I the Permit is Irded to the to the Seventy-two (72) I week-end, an I sapplication, if I.U.L.I.E. (for ion, if I digging,
improvement. We agree to abide by t	the Rules and Regulations as set forth by the Providence and will be solely liable for upkeep/maintenate and will be solely li	ence Manor
Providence Manor Communi	ty Association Owner(s)	
FOR OFFICE USE ONLY:		
Approved By:	Date Application Received:	
Inspected By: Inspected On:	Received By:	
Reasons for Disapproval:	Approved By:	