

The Anchorage Condominium Association

APPLICATION

Submit this form via e-mail to kcarson@srgsummit.com
Or mail to: Summit Resort Group, PO BOX 2590, Dillon, CO, 80435

Owner Name: _____ Unit: _____

Mailing Address: _____

Cell Phone: _____ Email: _____

My request involves the following type(s) of improvement(s) (Check all that apply.)

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- | | | |
|--|---|--|
| <input type="checkbox"/> Window/Door Replacement | <input type="checkbox"/> Bathroom Remodel | <input type="checkbox"/> Kitchen Remodel |
| | <input type="checkbox"/> Flooring | <input type="checkbox"/> Cabinetry |
| | | <input type="checkbox"/> Other |
-

Describe Improvement and Submit one copy of this form and any attached plans:

Please include any required building permits and all contractor's insurance certificates when submitting this form.

Anticipated Date of Completion: _____