

FARMERS GROVE
EXTERIOR ALTERATION REQUEST FORM

OWNER'S NAME: _____

ADDRESS: _____

SCOPE OF
WORK: _____

PROJECTED START DATE: _____

OTHER PERTINENT
INFORMATION: _____

**PLEASE PROVIDE PROOF OF LICENSED CONTRACTOR AND
PROOF OF PERMIT (if permit is required)**

REQUESTS SHOULD BE MAILED TO:

**Farmers Grove Homeowners Association
c/o Summit Resort Group
Attn: Deb Borel
P.O. Box 2590
Dillon, CO 80435
or by fax to 970-468-2556**
