

Design Review Submittal

OFFICE USE ONLY:
CHECK IF SPECIAL FORM
REQUIRED: _____

OFFICE USE ONLY:
ACCOUNT NUMBER: _____
SUBMITTAL TAKEN BY: _____

NAME OF ASSOCIATION: Birch Hill Condominium Association

HOMEOWNER DATA:

PROPERTY LOCATION: _____
(Street Address)

NAME: _____

OFFICE: _____ • HOME: _____ • FAX: _____ • CELL: _____

*EMAIL: _____ Preference of Contact: _____

*All correspondence will be sent via email unless otherwise noted.



PROJECT TYPE AND DESCRIPTION:

- SHED * • FENCE * • LANDSCAPE * • PAINT COLOR • SATELLITE DISH * • DECK * • OTHER **

DESCRIPTION OF PROJECT – BE SPECIFIC – LACK OF INFORMATION CAN DELAY YOUR REQUEST. LIST SIZES, HEIGHTS, MATERIAL TYPES, LOCATIONS, ETC. _____

Submit to:

Property Management Services, Inc (PMSI)
Mail: PO Box 92130, Anchorage, AK 99509-2130
In person: 601 W 41st Avenue, Suite 201, Anchorage, AK 99503
Fax: 907-562-3550 Email: pmsi@gci.net

Owner Please Read and Sign:

I have read and understand the Declaration of my owners association and, to the best of my knowledge, this submittal complies with those requirements. If applicable, construction completion will be within one summer construction season, no later than _____.

Signature of Owner(s): _____ Date: _____

- * **Requires As-built**
- ** **May require As-built**