



RJ COMMUNITY MGT.
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HICKORY HILLS OWNERS ASSOCIATION #1 APPLICATION FOR ALTERATION

NO ALTERATION MAY BEGIN UNTIL APPROVAL IS GRANTED

Please email your completed form to the Community Manager or mail to the address above.

Garage Door Replacements: Please review the Hickory Hills Garage Door Guidelines.

1. _____
Name of homeowner requesting approval (Please print) Date

2. _____
Address of home where alteration will occur

3. _____
Phone number(s)

4. _____
Email address(es)

5. _____
Mailing address of homeowner (If different than above)

6. Type of alteration:
Landscape Building Exterior Other (Please specify): _____

7. General location of alteration in or around your home:
Front Side Rear Other (Please specify): _____

8. Scope of Alteration: Please explain in detail what you are requesting permission to do, including exact location and dimensions:

9. Effect on the Existing Area: Explain if any existing elements will be affected by this alteration (will existing shrubs be moved, or part of existing porches be dismantled, etc.):

(Continued on next page)

10. Describe the type, appearance, and quantity of all materials to be used:

11. Effect of alteration on neighbors to either side of your home:

12. Signature of nearest neighbors to the right and left of your home signifying that, as a courtesy, the adjoining neighbors have been made aware of this alteration request.

NOTE: If you are unable to obtain the signatures of one or both of your neighbors, you must explain the reason below:

13. If applicable, please attach a drawing showing all existing elements, including shrubs and porches in solid lines and proposed alterations in dotted lines. Include the first three feet of your neighbors' homes and yard in the drawing. Show distance from nearest existing elements to proposed additions or alterations.

14. Expected start date: _____ Completion date: _____

15. Additional Notes: _____

Please attach drawings, brochures, pictures, etc. to this form.

APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE.

Approved By: _____ Date: _____

Title: _____