

RJ COMMUNITY MGT. 4900 PERRY HIGHWAY BUILDING 1, SUITE 300 PITTSBURGH, PA 15229 PH: 412-550-0003 FAX: 412-227-9003 WWW.RJCMGT.COM

NEVILLE HOUSE ASSOCIATION APPLICATION FOR ALTERATION

NO ALTERATION MAY BEGIN UNTIL APPROVAL IS GRANTED Please email your completed form to info@rjcmgt.com or mail to the address above.

	Name of homeowner requesting approval (Please print) Date
•	Address of home where alteration will occur
	Phone number(s)
	Email address(es)
	Mailing address of homeowner (If different than above)
	Type of alteration:
	Interior Renovation Window Replacement Utility (Furnace, Hot Water Tank, Etc.)
	Other Please specify):
	Scope of Alteration: Please explain in detail what you are requesting permission to do, including appearance of any new fixtures that are visible from outside the unit (windows, doors, vents).
•	Effect on the Existing Infrastructure: Explain if any existing elements will be affected by this alteration (Will existing pipes or electrical be relocated or added onto. Will any openings be made in building chases and demising walls):

10.	State the contractor's name, license number, address, phone number and attach their insurance certificate. If you are performing the work yourself, please state such. If equipment is to be brought into the elevator, advance notice to the building superintendent and management company is required.
11.	Effect of alteration on neighbors to either side of your unit:
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 to the degree it may impact them.
	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 insurance, building permits, drawings, pictures, etc. to this form.
14.	Expected start date: Completion date:
15.	Additional Notes:
]	NO CUTS OR OPENINGS PERMITTED IN CONCRETE FLOORS AND CEILINGS NO OPENINGS PERMITTED IN DEMISING WALLS WITHOUT PERMISSION OF BUILDING
	SUPERINTENDENT.
	APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE.
Apı	proved By: Date:
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