

Bridgewater Bay Condominium Unit Owners' Association

Architectural Request Form

(Required for ANY changes to Common or Limited Common Areas)

Date: _____

Homeowner Name(s): _____

Full-time Address: _____

Home Phone: _____ Cell Phone: _____

Facsimile: _____ E-mail Address: _____

Unit # _____ BWB Address _____

Please list below the nature of your request and attach a photograph, sketch or brochure picture, if applicable, of your proposed changes/additions.

Estimated Start and Completion Dates: _____

I/We understand and agree to comply with all applicable Bridgewater Bay restrictions and guidelines as well as all applicable state, Bedford County and all local permitting and inspection laws, codes, ordinances and regulations.

Owner Signature

Owner Signature

Please complete and return to: Bridgewater Bay Condominium Association
c/o MRI Community Management, LLC
4648 Brambleton Ave., Roanoke, VA 24018
mymanager@mri.community

(Committee Use)

[] APPROVE your request with the following restrictions [] NOT APPROVE your request for the following reasons:

ARB: _____ Date: _____

BOD: _____ Date: _____