

APPLICATION for WORK APPROVAL
Per Declaration of Trust and By-Laws and in accordance with the Rules and
Regulations of Echo Hill Condominium Trust

TO: Board of Trustees, Echo Hill Townhouse Condominiums
C/O Sabrina Bardwell, Hampshire Property Management Group
PO Box 686
Northampton, MA 01061
413-650-6010
FAX# 413-582-9973

PROPERTY OWNER(s) NAME: _____

OWNER'S PHONE #: _____

UNIT ADDRESS: _____

NAME OF CONTRACTOR: _____

CONTRACTOR'S PHONE #: _____

**CONTRACTOR'S
LICENSE#:** _____

DESCRIPTION of WORK - include details of materials used and installation
methods, location of work as well as estimated start and completion date.

Please include any plans that may describe the work as well as material specs and
information sheets.

Please feel free to use the back of this page as well as attaching additional pages.

Unit Owner's Name

Owner's Signature

Date

Association Approval: Name

Signature

Date