

**HUNTERS GLEN CONDOMINIUM ASSOCIATION, INC.**  
**Application for Making Architectural Modifications**

**INSTRUCTIONS:** Return this completed application to Hunters Glen Condominiums, C/O AMI, P.O. Box 6210, Fishers, IN 46038, or Email a .pdf file of this completed application to **info@hgcondos.com**

Type of Modification (check one):       **EXTERNAL**       **INTERNAL**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Proposed Modifications:**

Please describe the modification(s) by stating all dimensions, changes, color, model number(s), etc. A detailed sketch of the proposed modification(s) should be included. If applicable, include contractor's proposal describing changes and/or installation. The application will be considered incomplete without a statement relative to the impact on the surrounding area and neighbors. (Use additional pages as necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Homeowner Signature)

**Applicant: Please do not write below this line**

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Date received: \_\_\_\_\_

Date Reviewed by Board of Directors: \_\_\_\_\_  Accepted       Rejected

Board Signatures: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Date Application returned to applicant: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_