

## Stratford Hills Condominium Association Project Review Application (PRA)

This application is to be used to obtain approval for certain landscaping, structures, fences, pools, and other items as described in the Stratford Hills Condominium Association Bylaws. Co-owners should consult the bylaws and the "Bylaw Guidelines and Enforcement Policy" to determine whether their project requires approval by the Board of Directors. Failure to obtain approval prior to construction could result in fines. Response to this application will be provided within 30 days of receipt.

The following are the steps to complete the application submission.

1. Section 1: Fill in contact information.
2. Section 2: Provide a brief description of the project including details such as size, color, location, materials, etc. Use addition sheet if need.
3. Attach drawing of the project to this application. Please include project dimensions (if applicable), and location of the house relevant to plot lines.
4. Section 3: Obtain approval from adjacent co-owners. Depending on lot location, less than 2 adjacent co-owners may be required. Not all adjacent co-owners have to approve to submit application.
5. Send completed application via email to [shca@mystratfordhills.net](mailto:shca@mystratfordhills.net) or mail to the SHCA, Project Review at P.O. Box 148, Oshtemo, Michigan 49077-0148.

<b>Section 1: Contact Information</b>			
Name:		Date:	
Address:		Lot Number:	
Email Address:		Phone:	
Preferred Method of contact: Email		Phone:	
Signature:			
<b>Section 2: Description of Requested Change (attach addition sheet if needed)</b>			
<b>Section 3: Adjacent Co-owner Coordination</b>			
<b>Adjacent Co-owner 1:</b>			
Name:		Lot Number:	
Signature:			
Approved:		Disapproved:	
Comments:			
<b>Adjacent Co-owner 2:</b>			
Name:		Lot Number:	
Signature:			
Approved:		Disapproved:	
Comments:			

**THIS SECTION TO BE COMPLETED BY SHCA BOARD**

Date Received:	SHCA Sus:	Sent for Review:	Completed:
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Approved:	Disapproved
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Conditions of approval or reasons for disapproval:

Signature of SHCA Board Member:

Date notification of completion sent to applicant: