SKYLIGHT REQUEST FORM

BROADMOOR HOMES: ORANGE PARK COMMUNITY ASSOCIATION

Name _____

Street					Home Plan:	θ 1 θ 2	θ 3	θ 4
Phone				 	Date			
GENE	RAL DIRE	CTIONS AND INFOR	MATION:					
•	follows the	process indicated. F	rerse side to make su Please indicate that y ere:	you have	seen and rea	d the guideline	es on th	
•	form and a	all the required mater	request and each ovial or information to Chone: 714-779-1300 F	Cardinal F	Property Manag	jement, 825 N.	Park Co	enter Drive,
•	is conside Cardinal P been recei	red the date that the Property Management	to be reviewed by the completed form and to the Committee. No to the Committee. No to the Committee.	all the receive a l	equired informa etter from Card	ation and mate linal verifying th	rial are i nat their	received by plans have
•			eets the third Thursda at month, Cardinal mu					
PLEAS	SE PROVID	DE THE FOLLOWING	INFORMATION:					
Brochu	ure: Attach	a manufacturer's bro	ochure showing inform	nation ab	out the skylight	you are reques	sting to i	nstall.
Plans:	Attach det	ailed plans, which inc	lude the required info	rmation.	(See reverse si	de for necessa	ry inforn	nation.)
Color	of metal fla	shing and frame: In	dicate color of the flas	shing or i	ndicate paint co	olor if skylight re	equires p	painting.
Skyligh	nt Contract	cor (For Reference O	nly)				· · · · · · · · · · · · · · · · · · ·	
		(FOR	ARCHITECTURAL C	ОММІТТ	EE USE ONLY	7)		
	pproved		θ Conditional Ap	•		Information	θ Pri	ior Work
Committee Signature				Date				