

**GREENWICH SQUARE  
ARCHITECTURAL IMPROVEMENT APPLICATION AND REVIEW FORM**

Date of Application: \_\_\_\_\_

Unit Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Lot # \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Nature of Improvement:

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

Location: \_\_\_\_\_

Dimension (if applicable): \_\_\_\_\_

Construction Material (if applicable): \_\_\_\_\_

\_\_\_\_\_

Installer/Contractor: \_\_\_\_\_

**A REPRESENTATIVE DRAWING OR PHOTOGRAPH OF ALL PROPOSED IMPROVEMENTS MUST BE ATTACHED TO SHOW LOCATION AND DIMENSIONS.**

As of the approval date of this alteration, I accept full responsibility for all of the upkeep of the altered area and agree to maintain it in a safe condition.

Signed: \_\_\_\_\_

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

Plans Approved By: \_\_\_\_\_  
(Final approval conditional upon inspection)

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

Inspected By: \_\_\_\_\_

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

Final Approval: \_\_\_\_\_

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

Reason for Disapproval:

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

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Please mail application to: **Greenwich Square Condominium Association**  
c/o Association Property Management, Inc.  
20 Main Street  
Oswego, IL 60543