Devens Condominium Association
Improvement Request/Referral Form

Date: _____

Owner's Name: _____

Address: _____

Phone #: _____

Please describe improvement & attach drawing/dimensions*

_____
_____
_____
_____
_____
_____
_____
_____
_____

Condominium Association Use Only

Improvement **AUTHORIZED** _____ Improvement **NOT AUTHORIZED** _____

Comments:

_____
_____
_____
_____

_____
Signature of President or Authorized Agent of Condominium Association

DEC Office Use Only

DEC Approval Required ____Yes ____No
Mass. Historic Commission Approval Required ____Yes ____No

***NOTE**: If this form requires DEC approval, an application must be completed with the DEC prior to the start of any work. Any changes to the above-referenced improvements must be authorized by the Devens Condominium Association and The Devens Enterprise Commission (if applicable) prior to the start of any work.

Questions may be directed to the Devens Enterprise Commission at 978-772-8831.
Devens Condominium Association Contact: Prospective Property Management
info@prospectivemanagement.com 508.613.3117