

Association of Unit Owners of the Bluffs
UNIT STRUCTURAL ALTERATION REQUEST FORM *Rev. 08/15/24*

To be used when making "any structural alteration, improvement or addition in or to his unit or in or to the exterior of the buildings or any other general or limited common elements." See Bylaws VII 2 "Additions, Alterations or Improvements" Please send form to Bluffs Manager Teresa Baron at bluffsmanager19@gmail.com AND to the Bluffs Board President Robert Raynor at opportunitysknocking@hotmail.com –or mail to Bluffs P.O. Box 936, Gleneden Beach, OR 97388

Date _____ Unit # _____

Owner _____ Phone # _____

Address _____

Description of Proposed Alteration (please attach plans, drawings, photos)

Name of person(s) doing the work _____

Business Name _____ Phone # _____

Date work would begin _____ End _____

If Applicable:

Contractor Name _____ Phone # _____

Address _____

Contractor Oregon License # _____

Lincoln County Building Permit # _____

Approvals: *(please circle one)*

BLUFFS BOARD APPROVED NOT APPROVED
 _____ Date _____
Bluffs Board President

SHOA Design Comm. APPROVED NOT APPROVED
 _____ Date _____
Design Committee Chair