

**ELNA**  
**ARCHITECTURAL REVIEW & EXTERIOR CHANGE REQUEST FORM**

**Homeowner Information:** Please review current Association Bylaws and/or Rules & Regulations prior to completing this form. Work cannot be started until approved by the Architectural Committee. **PLEASE BE ADVISED - FOR YOUR PROTECTION A SURVEY OR PLOT PLAN IS REQUIRED TO BE SUBMITTED WITH YOUR ECR FORM** for any fences, sheds, in ground pools or other structures and/or exterior additions. Homeowners should also obtain any appropriate permits that may be required by the Town of Malta prior to starting these projects. Most Surveys can be found on file at the County Clerk's office. A Plot Plan can be obtained by going to <http://saratoga.sdgny.com/index.aspx>.

Owner Name: \_\_\_\_\_ Association Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Description of request including location, materials, color, impact on surroundings and current structure:**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Description of proposed project attached | <input type="checkbox"/> Drawing of proposed project (if needed)           |
| <input type="checkbox"/> Photos included (if needed)              | <input type="checkbox"/> Manufacturer's description/literature (if needed) |
| <input type="checkbox"/> Copy of Town Permit if required          | <input type="checkbox"/> Survey or Plot Plan (if needed)                   |

Contractor Information/Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Onsite contact cell number: \_\_\_\_\_

\*\*Work Start Date: \_\_\_\_\_ \*\*Work Completion Date: \_\_\_\_\_

**\*\*Approved ECR's are valid for 6 months (180 days), if the project is delayed beyond that a NEW request must be submitted for approval \*\***

**Forward this form and all documents to Edgewater Management Group via:**

E-mail: [kelly2@edgewatermg.com](mailto:kelly2@edgewatermg.com)

Fax: 888.567.6784

U.S. Mail: Edgewater Management Group, P.O. Box 150, Fort Edward, NY 12828

**Comments:** \_\_\_\_\_

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

FOR OFFICIAL USE ONLY

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
|-----------------------------------|--------------------------------------|

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_