



**COUNTRY VILLAGE TOWNHOUSE ASSOCIATION  
EXTERIOR & LANDSCAPE CHANGE / ADDITION / REPLACEMENT / REVISION REQUESTS**

**\*\*\*IMPORTANT INFORMATION\*\*\***

Any **Exterior & Landscape Change, Addition, Replacement or Revision** that is done to the exterior of your home, must be approved by the Board of Directors.

An “**ECR**” form must be filled out, sent to our Managing Agent, who sends it to the Board of Directors for approval. The ECR form will be reviewed as quickly as possible, however owners should be aware that the Board has up to thirty days to approve the ECR. Therefore, sufficient time should be considered when planning a project. Use additional sheets of paper if necessary.

Work is not to be started until written approval is received from our Managing Agent. The work must be completed as noted on the approved ECR Form. Owners that initiate work on a project prior to receiving written approval may be subject to a fine and/or required to discontinue or remove any work completed to date.

In reviewing an ECR request, the Board of Directors only considers the aesthetics of a proposed project (i.e. the visual impact on the owner’s property and the community). It is the owner’s responsibility to ensure compliance with building codes.

The Board of Directors, via our Managing Agent should be notified immediately upon completion of a project to arrange a final inspection to ensure compliance with the original request.

**Please Forward ECR Form to Edgewater Management Group via:**

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

Fax: 888-567-6784

US Mail: Edgewater Management Group, PO Box 150, Fort Edward, NY 12828

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**“ECR FORM”**

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

**Homeowner Information:**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Description of Requested for Exterior & Landscape Change. Include details of materials, color, location, impact on the structure. Attach photos, diagrams, etc. Continue on back or additional paper as needed.**

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

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

Telephone Number: \_\_\_\_\_ Contact Person \_\_\_\_\_

Work Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

(For Association/Board or Managing Agent)

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

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

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