REQUEST FOR REVIEW AND APPROVAL FORM

**NOTE: THIS FORM MUST BE SIGNED BY THE CLUSTER PRESIDENT SIGNIFYING APPROVAL PRIOR TO SUBMISSION TO THE OVPOA ABR. NO WORK IS TO PROCEED PRIOR TO ABR REVIEW AND APPROVAL. CLUSTER APPROVAL DOES NOT GIVE OWNER OR CLUSTER RIGHT TO PROCEED WITHOUT ABR APPROVAL**

**OWNER INFORMATION**

NAME: ______________________________   CLUSTER ADDRESS: ____________________________

**CLUSTER APPROVAL**

SIGNATURE PRESIDENT: ______________________________ DATE APPROVED: _____________
PRINTED NAME PRESIDENT: ___________________________ CONTACT PHONE: _____________

**ARCHITECTURAL CHANGE REQUEST**

DESCRIBE IN DETAIL-

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**ADDITIONAL INFORMATION REQUIRED**

• ATTACH SUPPORTING DOCUMENTATION – VENDOR DRAWINGS, SPECS, PROPOSALS, ETC.

• ATTACH CLUSTER APPROVED POLICIES OR SPECIFICATIONS

**ACTION TAKEN BY ABR: ________________________________________________________________**

DATE LETTER SENT TO CLUSTER: __________________________________________________________

REVISED MAY 23.2011