



Village 2 Community Association, Inc.

CONTRACTOR'S APPLICATION FOR WORK IN VILLAGE 2

DATE _____

**COMPANY NAME / CONTACT INFORMATION
(PHONE NUMBER, ADDRESS, ETC.):**

UNIT OWNER'S NAME AND ADDRESS (UNIT #):

CONTRACTOR'S INSURANCE INFORMATION (MUST PROVIDE CERTIFICATE OF INSURANCE):

INSURANCE CARRIER _____ AGENT _____

POLICY # _____

PURSUANT TO THE ASSOCIATION'S DECLARATION, PLEASE NOTE THAT ALL CONTRACTORS WORKING IN VILLAGE 2 MUST BE INSURED AND MUST WORK IN COMPLIANCE WITH THE ASSOCIATION'S CURRENT ARCHITECTURAL SPECIFICATIONS.

**PLEASE SUBMIT THIS APPLICATION TO THE VILLAGE 2 OFFICE PRIOR TO THE COMMENCEMENT OF WORK.
COPIES OF THE CURRENT ARCHITECTUAL SPECIFICATIONS AND PAINTING / ROOFING CHARTS ARE AVAILABLE AT THE OFFICE.**

FAILURE TO SUBMIT THIS APPLICATION, PROVIDE PROOF OF INSURANCE, OR ABIDE BY THE ASSOCIATION'S ARCHITECTURAL SPECIFICATIONS MAY RESULT IN A CONTRACTOR NOT BEING PERMITTED TO WORK WITHIN VILLAGE 2.

THANK YOU.

215-862-3010

P.O. Box 641

New Hope, PA 18938