

**Devens Homeowners Association  
Improvement Request/Referral Form**

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

Owner's Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Please describe improvement & attach drawing/dimensions\*

---

---

---

---

---

---

---

---

---

---

---

*Homeowners Association Use Only*

Improvement **AUTHORIZED** \_\_\_\_\_ Improvement **NOT AUTHORIZED** \_\_\_\_\_

Comments:

---

---

---

---

*Signature of President or Authorized Agent of Homeowners Association*

*DEC Office Use Only*

DEC Approval Required \_\_\_\_\_ Yes \_\_\_\_\_ No  
Mass. Historic Commission Approval Required \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*NOTE:** If this form requires DEC approval, an application must be completed with the DEC prior to the start of any work. Any changes to the above-referenced improvements must be authorized by the Devens Homeowners Association and The Devens Enterprise Commission (if applicable) prior to the start of any work.

**Questions may be directed to the Devens Enterprise Commission at 978-772-8831.  
Devens Homeowner Association Contact: Brett Fay, Alpine Property Management Co. 978-371-9090**