

ARCHITECTURAL MODIFICATION APPLICATION

Date: _____

Unit: _____

Unit Owner's Name (s): _____

Home Telephone: _____ Work: _____ Cell: _____

Type of Modification (Please describe in detail and/or attach specifications, drawings, etc.)

Copies of Contractor's current certificate of insurance, naming _____, as additional insured, license and _____ permits must be attached to this application for consideration and final approval.

A \$_____ dollars deposit fee shall be required in form of check, cashier's check or money order. This deposit shall be held by the association in escrow and returned to the owner upon completion of the project and providing that no damages, trash, debris or any other burden have been caused to the association in which case any expenses in remedying such, shall be deducted from this deposit. Should this deposit not be sufficient to cover for such remediation the unit owner shall be responsible to pay the difference.

Work hours are from _____ AM to _____ PM, Monday-Friday. Elevator usage must be coordinated with the management office at minimum the day before of the intended use. No storage of any kind, whether short or long term shall be allowed on the common areas.

I/We hereby make this application to _____, for the above described items to be approved in writing. I/We acknowledge that an approval must be obtained prior to the commencement of any of the work. If any work, installation, etc. is done without _____ approval, the association may force the removal or reinstallation to its original form at my expense.

Unit Owner's Signature Date Unit Owner's Signature Date

DO NOT WRITE BELOW THIS SECTION

Application Approved: Yes No

By: _____ Title: _____ Date: _____