



Alteration Modification Form

Please use this form to request any modification or alteration to the current state of property

Please print:

Association Name:	Unit Number:
Last Name	First Name
Street Address:	City, State, Zip:
Daytime Phone:	Email Address:

Requested Modifications:

Exterior Appearance <input style="float: right; margin-left: 20px;" type="checkbox"/>	Landscaping <input style="float: right; margin-left: 20px;" type="checkbox"/>
Structural Parts of Unit <input style="float: right; margin-left: 20px;" type="checkbox"/>	General Common Area <input style="float: right; margin-left: 20px;" type="checkbox"/>
Limited Common Elements <input style="float: right; margin-left: 20px;" type="checkbox"/>	Other <input style="float: right; margin-left: 20px;" type="checkbox"/>

EXPLANATION OF MODIFICATIONS

Please note that you **MUST** submit a drawing for any requested modification, as categorized above. The drawing should be on a site plan and the scale should be 1/2" = one (1) foot. Please list manufacturer names, styles, colors, quantities, sizes, pictures, materials to be used and location of requested variance/alteration/modification. (If more room is needed, please use additional paper).

Upon authorization, this work will be performed by:

Company Name:
Company Phone:
Company Address:



PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

1. I/we have read all applicable sections of the Bylaws and I/we understand them.
2. A licensed builder carrying comprehensive general liability and workman's comp insurance, etc. will perform actual construction. All applicable State of Michigan/City laws, codes, ordinances & regulations will be followed and all necessary permits will be obtained at my/our expense. **The Board shall be provided a valid current copy of the contractor's certificate of insurance not less than 7 days prior to commencing work.**
3. I/we understand that all installation, regular/future maintenance, repair or any necessary replacement of this Alteration/Modification will be performed at my/our expense.
4. I/we understand my/our responsibilities regarding any necessary adjustments required to individual unit-specific co-owner insurance policy coverage for this requested Alteration/Modification, and all other insurance responsibilities, as defined in the Association's Condominium Governing Documents & Bylaws.
5. I/we understand that, should any legal, regulatory agency require, at any time in the future, modifications to this variance, they will be done at my/our expense.
6. Any maintenance costs, or costs incurred by the Association to remedy any damages caused to any portion of the common elements or building component(s) resulting from installation or removal from a unit or common element to which a modification has been made or may be attached, because of this Alteration/Modification, will be at my/our expense.
7. Necessary relocation of sprinkler heads may only occur with Board approval/coordination prior to any work commencing, and if approved, shall occur at my/our expense.
8. This alteration/variance/modification is subject to all the requirements of the Bylaws (aesthetics, enforcement of Bylaws, co-owner maintenance, alterations and modifications, assessment, and collection of fines, etc.), occupancy agreements and other applicable regulations at the Board of Directors' discretion.
9. I/we understand that it is my/our responsibility to advise future assigns and/or owners of the unit of this modification and of their continued responsibility for it.
10. All trash & debris created during the installation process shall be cleaned up daily and removed from the development. No building materials, equipment, trash, or trash containers used during installation shall be stored on the common elements without written consent of the Association Board of Directors.
11. All of the above information is truthful and accurate.

NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED
The association shall have the right to remove or remedy unauthorized modifications at the Co-Owner's expense.

Signature of Co-owner

Date

RETURN COMPLETED FORM TO: info@cpmsupport.com or by USPS:
Customized Property Management
P. O. Box 1419
Sterling Heights, MI 48311

Approved by _____
Stipulations: _____

Date _____