

COA or HOA ASSOCIATION

ALTERATION / MODIFICATION REQUEST

DATE: _____ BLDG # _____ UNIT # _____

Owner(s) Name(s): _____

Owner(s) Address: _____

Owner(s) Phone #'s: _____ Work / Other _____

Email: _____

.....
REQUESTED MODIFICATIONS

_____ Exterior Appearance _____ Landscaping

_____ Structural Parts of Unit _____ Common / Limited Elements

_____ Other (explain) _____
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Explanation of Modifications

Please note that you **MUST** submit a drawing for any modification, which requires same such as a deck, landscaping modification, etc. The drawing should include all dimensions and list sizes / materials to be used.

This work will be performed by: _____

(List address and phone if outside contractor is to be used.

Address: _____

City: _____ State _____ Zip _____

Phone: (____) _____
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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

1. We have read all applicable sections of the Bylaws and we understand same.

2. All installation and required maintenance costs of this Alteration / Modification will be performed at our expense.

3. We understand and agree that all required permits / costs to obtain necessary regulatory approvals will be at our expense.
 - a. We further understand and agree that, should any legal, regulatory agency require, at any time in the future, modifications to this variance, they will be done at our expense.
4. We understand and agree that whether the homeowner(s) and/or contractor performs the requested Alteration / Modification that appropriate certificates of insurance coverage with _____ Association named as Additional insured be provided prior to start of work.
5. The alteration / variance / modification is subject to all the requirements of the Bylaws, occupancy agreements and other applicable regulations at the Board of Directors' discretion.
6. We understand and agree it is our responsibility to advise future assigns and/or owners of the unit of this modification and of their responsibility for same.
7. All the above information is truthful and accurate.

NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED.

DATE

Signature of Homeowner

DATE

Signature of Homeowner

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RETURN COMPLETED FORM TO:

C/o KS Management, Inc.
P.O. Box 100
Wyandotte, MI 48192

Bus: 734-285-4442
Fax: 734-285-4443

Approved by: _____

Date: _____

Title: _____