

THE CAPE CONDOMINIUM ASSOCIATION
ALTERATIONS/MODIFICATIONS REQUEST

Date: _____

Please Print Your Name and Address: _____

Home Phone: _____

Business Phone: _____

REQUESTED MODIFICATION

Exterior Appearance

Structural Parts of Unit

Other _____

Common Elements/Limited Common Elements

EXPLANATION OF MODIFICATIONS

Please list sizes and materials to be used.

This work will be performed by: _____

Attach contractor's W-9, liability certificate, workers comp certificate

List address and phone if outside contractor is to be used: _____

Handwritten signatures and notes:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

1. Actual construction will be performed by a licensed builder/contractor who is insured. All applicable codes and regulations will be followed and all necessary permits will be obtained at my/our expense. I will provide a Certificate of Insurance from the Builder/Contractor to the Association, prior to the commencement of any work, with the Association listed as an additional insured on such Certificate of Insurance.
2. I/we have read all applicable sections of the Governing Documents and I/we understand same.
3. All maintenance of this Alteration/Modification will be performed at my/our expense.
4. 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.
5. This alteration/variance/modification is subject to all the requirements of the Governing Documents, occupancy agreements and other applicable regulations at the Community Association's discretion.
6. 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 responsibility for same.
7. All of the above information is truthful and accurate.

NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED, AND ALL INSURANCE REQUIREMENTS HAVE BEEN MET.
FAILURE TO COMPLY WILL RESULT IN A \$500.00 FINE

Date _____

Signature of Owner _____

Date _____

Signature of Owner _____

When complete and accurate information is received, requests will be completed at the earliest opportunity. Please note that response time depends upon the availability of the Association's Board of Directors, but at no time will take more than thirty days.

Approved by _____

Date _____

Leadership Management, Inc.
dawn@leadershipmanagement.us
(810)735-6000

Revised 1/11/2023

Handwritten signatures:
Dan Bellis
John...
Beverly...
Beverly...