

LIBERTY SQUARE

ALTERATION/MODIFICATION REQUEST

Date: _____

Co-Owner/s Name and Address: _____

Address of Unit to be modified, if different: _____

Home Phone: _____ Other Contact Information: _____

Business Phone: _____

REQUESTED MODIFICATION

(Check all that apply)

Exterior Appearance

Structural Parts of Unit

Other: _____

Common Elements/Limited Common Elements

DESCRIPTION OF MODIFICATION

****All work must be performed by a licensed and insured contractor****

Please include dimensions and materials to be used. Attach a schematic (drawing) if possible.

Contractor Information:

Name: _____ License # _____

Address: _____ Phone: _____

Please attach certificates for contractor liability, vehicle, and workers' compensation insurance.

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 will be made 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

Date: _____

Signature of Owner: _____

Date: _____

Signature of Owner: _____

When complete and accurate information is received, requests will be considered at the earliest opportunity. Please note that response time depends upon the availability of the Association's Board of Directors but should not exceed more than thirty days unless additional information is requested by the Board.

Approved by: _____

Date: _____

Board Position: _____

Additional Conditions for Approval, if any: _____

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