

**CARRIAGE PARK CONDOMINIUM ASSOCIATION
ALTERATIONS/MODIFICATIONS REQUEST**

Date: _____

Please Print Your Name and Address: _____

Home Phone: _____

Business Phone: _____ **Email:** _____

REQUESTED MODIFICATION

Exterior Appearance

Structural Parts of Unit

Other _____

Common Elements/Limited Common Elements

EXPLANATION OF MODIFICATIONS

This work must be performed by a licensed contractor

Please list sizes and materials to be used and attach drawing if applicable. Indicate location of all utilities in the drawings _____

List address and phone number of outside contractor to be used and attach all liability insurance information _____

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

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. All alteration /modification forms require the signature of a Board member.

Approved by: _____

Board Position: _____

Date: _____

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