

**Oakbrook Pointe Homeowners Association
ALTERATION/MODIFICATION REQUEST**

DATE _____ UNIT NO. _____

OWNER NAME _____

OWNER ADDRESS _____

OWNER HOME PHONE _____ BUSINESS PHONE _____

REQUESTED MODIFICATIONS:

_____ Exterior Appearance _____ Landscaping

_____ A/C unit _____ Storm Door

_____ Other (describe) _____

Explanation of Modifications:

Please note that you must submit a drawing for any modification requires such as landscaping, A/C, Etc. Scope should be 1/2" = 1 foot. Please list sizes and materials to be used. Specifications are attached for storm doors for those interested in installing same.

Details: _____

This work will be performed by: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

1. Actual construction will be performed by a licensed contractor who is insured. All applicable codes and regulations will be followed and all necessary permits will be obtained at my/our expense.
2. I/we have read all applicable sections of the Bylaws and I/we understand same.
3. All Maintenance of this Alteration/Modification will be performed at my/our expense.

4. I/we understood that, should any legal, regulatory agency require, at any time in the future, modifications to this variance, they will be done at my/or expense
5. Decks/Patios cannot be installed over a drainage swale. In the event the deck/patio does interfere with the surface drainage, I/we understand that I/we will be required, at my/our expense, to correct the drainage to the Association's satisfaction.
6. Any maintenance costs incurred by the Association, as a result of this variance, will be at my/our expense.
7. Prior to submitting drawings for approval by the Association for any proposed patio/deck, A/C or landscaping modification, I/we will contact Miss Dig and obtain a staking of the area and the sprinkler contractor to obtain a letter stating that the proposed modification will not interfere with the sprinkler system. I/we understand that it is our responsibility to have the work done at my/our expense.
8. This alteration/variance/modification is subject to all the requirements of the Bylaws, 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 responsibility for same.
10. All of the above information is truthful and accurate.

NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED

Date	Signature of Co-owner

Date	Signature of Co-owner

RETURN COMPLETED FORM TO:
Oakbrook Pointe Association
C/O Leadership Management, Inc
P.O. Box 146
Gaines, MI 48436

Approved: ___ Not Approved: ___ Board Member: _____
Board Member Signature

_____ Date: _____
Management Company Representative Signature