ARCHITECTURAL MODIFICATION APPLICATION FORM

NAME OF AS	SOCIATION:				
Owner Name:					
A 1.1					
Unit/Lot #:					
Telephone: (H)		(W)			
In accordance v		n's governing documents, I/we her cation(s) or addition(s):	reby apply for written consent to make t	he	
STEP 1.	information ned	DESCRIPTION OF MODIFICATION OR ADDITION: The description must include complete information necessary to thoroughly understand anticipated modifications. Please submit a detailed set of plans indicating the scope of work.			
Homeowner Signature:			Date:		
Office Use Of	nly:				
		Address:			
Date receiv	ved by Manager	nent:			

STEP 2: Acknowledgement of Adjacent Property Owner(s):

If your project will require you to move materials or equipment over the Association's common elements, you must indicate on the copy of your plat any area(s) of common elements that will be affected. A signature must be obtained from the Association's Managing Agent. If you will <u>not</u> be required to move materials or equipment over the Association's common elements, please initial here:

Owner's Initials

Adjacent Property Owner(s) Signatures(s)

I / we hereby acknowledge that in order to complete the above described alteration, the above described Owner must cross over my / our lot(s) with materials and / or equipment. The above described Owner shall bear full responsibility for repair of any damage caused by said materials and / or equipment. In no instance shall the Association or the Declarant be held responsible for said damage.

Signatu	re:	Print Name:		
Address	S:	_	Lot #:	
Signatui	re:	Print Name:		
Address	S:		Lot #:	
Managi	ng Agent's Signature (If Applicable)			
Signatu	re:	_ Print Name / Title:		
STEP 3	: Owner's acknowledgment: I/we und	lerstand that:		
1.	Material herein contained shall represent alterations nothing herein contained shall be construed as a wa obtaining necessary building permits prior to comme	aiver or modification of such o	ole zoning and building codes. Further ordinances. I/we are responsible for	
2.	No work shall commence until written approval of the Board of Directors has been received by me/us. Any alteration completed before approval of this application is not permitted and if alterations are made, I/we understand that we may be required to return the property to its former condition at my/our own expense; and that I/we may be required to pay all legal expenses incurred.			
3.	All approved alterations must be completed within 6 expiration of six months from issuance. A full res	months of final approval. All submission must be made for	approvals shall be voided upon the rany voided approvals.	
4.	Approval is contingent upon all work being completed in a diligent and workmanlike manner. Members of the Board of Directors and their agent(s) reserve the right to make routine inspections.			
5.	I/we take full responsibility for any damages to the A any other privately or publicly owned property as a r In particular and without limitation, I/we acknowledg apron, landscaping and/or drainage damage that me	result of my/our actions, or the that I/we will be responsible	e actions of our contractors or agents. e for any curb, sidewalk, driveway	
6.	This request is subject to restrictions by the Associate by the Board of Directors. Any variation from the or request will be returned to me/us after review by the	iginal application must be res	and a review process as established ubmitted for approval. A copy of this	
Owner's	s Signature:		—— Date:	

STEP 4: Boar	rd of Directors	Date Received By Board of Directors:				
() Final approval as requested.	Final approval as requested.				
()	Final approval subject to the fol	Final approval subject to the following conditions/modifications. (See Comments)				
()	Disapproved for the following reasons. (See Comments)					
Comments:						
Signature - Board of Directors Chairperson Date						
Office Use (Only:					
Date received from Board of Directors:						
Date final approval/disapproval letter is sent to homeowner:						
PLEASE SUBMIT COMPLETED FORMS TO: Stillman Management Realty Corp. 440 Mamaroneck Ave, Suite S-512 Harrison, New York 10528						