



Condominium Management Associates, LLC

CONDOMINIUM ASSOCIATION
MODIFICATION REQUEST FORM

Co-owner Name: _____ Phone # _____

Address: _____ Unit # _____

Requested Modification: _____

Explanation of Modification: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

1. All applicable state and local codes and regulations will be followed, and all necessary permits will be obtained at my/our expense.
2. I have read all applicable sections of the Bylaws and understand the same.
3. All maintenance to this modification will be performed at my/our expense.
4. I 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. I will pay any maintenance costs incurred by the Association as a result of this.
6. I understand it is my responsibility to advise future assigns or owners of this unit of their responsibility for the same.
7. I hereby certify all of the above information is truthful and accurate.
8. I understand that obtaining certificates of insurance for all contractors is my responsibility. Association must be named as additionally insured.

Date: _____

Co-Owner Signature(s)

***Please attach any supporting documents such as specifications. ***



Condominium Management Associates, LLC

Notes from Board/Property Manager:

Board Approval: _____ **Date:** _____

This Approval is valid for sixty (60) days from the Approval date. If the work hereby approved does not commence within sixty (60) days, the applicant must apply for a written extension.

Mail: _____ Condominium Association
c/o Condominium Management Associates
30445 Northwestern Highway Suite 370 Farm. Hills, MI 48334

Email: shelly@condomanage.net

Visit our Web Site: www.condomanage.net