ALTERATION/MODIFICATION REQUEST

ASSOCIATION: Main Street Square Condominium Association

DATE: _____

OWNER NAME: _____

OWNER ADDRESS: _____
(including building number) _____
_____

OWNER TELEPHONE NBR: _____

REQUESTED ALTERATIONS/MODIFICATIONS

Landscaping: ☐   Deck/Patio: ☐   Fences: ☐

Satellite Dish: ☐   Other: ☐

Explanation of Alteration/Modifications: Include a drawing of the plan. List sizes and materials to be used. Please review the Association By-laws for other applicable requirement, restrictions, specifications, etc.

PLEASE SUMBIT A COPY OF YOUR MORTGAGE SURVEY INDICATING LOCATION OF MODIFICATION TO YOUR RESIDENCE AND/OR LOT.

Additional Comments: _____

_____

_____

_____

_____

_____

_____

ami **Association Management, Inc.**

ALTERATION/MODIFICATION REQUEST

Please read the following closely before signing.

1. The actual construction must be performed by a licensed builder who is insured or the co-owner. All applicable codes and regulations will be followed and all necessary permits will be obtained at the owner's expense.
2. I have read all applicable sections of the by-laws and understand same.
3. All maintenance to this alteration/variance/modification will be performed at the owner's expense.
4. I understand that, should any legal regulatory agency require, at any time in the future modification to this variance, they will be done at the owner's expense.
5, Any maintenance costs incurred by the Association as a result of this work being performed will be reimbursed to the Association by the owner.
6. This alteration/variance/modification is subject to all the requirements of the By-laws, occupancy agreements, and other applicable regulation at the Board's discretion.
7. I understand it is my responsibility to advise future assigns or owner's of the unit of this modification and of their responsibility for it.
8. All the above information is truthful and accurate.

_____   _____

Signature of Owner   *Date*

_____

Please send completed form to:
Michael Haberlein, CMCA
mhaberlein@amicondos.com
47200 Van Dyke Avenue
Shelby Township, Michigan 48317
(fax) 586 739-6006

APPROVED BY: _____

AS SUBMITTED:

AS SUBMITTED WITH THE FOLLOWING CHANGES:
_____
_____

NOT APPROVED, for the following reasons: _____
_____
_____