

### ALTERATION/MODIFICATION REQUEST

Association Name: \_\_\_\_\_

DATE \_\_\_\_\_ BLDG. NO. \_\_\_\_\_ UNIT NO. \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

#### REQUESTED MODIFICATIONS:

- |   |  |
|---|--|
| <input type="checkbox"/> Exterior Appearance      | <input type="checkbox"/> Landscaping     |
| <input type="checkbox"/> Structural Parts of Unit | <input type="checkbox"/> Common Elements |
| <input type="checkbox"/> Limited Common Elements  |  |
| <input type="checkbox"/> Other _____              |  |

#### EXPLANATION OF MODIFICATIONS

Please note that you **MUST** submit a drawing or photo for any modification. Please list sizes and materials to be used.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This work will be performed by: \_\_\_\_\_  
(List address and phone if outside contractor is to be used) \_\_\_\_\_

\_\_\_\_\_

#### PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

1. 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 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.

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- 5. Any maintenance cost incurred by the Association, as a result of this variance, will be at my/our expense.
- 6. This alteration/variance/modification is subject to all the requirements of the Bylaws, occupancy agreements and other applicable regulations at the Board of Director's discretion.
- 7. 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.
- 8. 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:**

Association Management Incorporated (AMI)  
47200 Van Dyke  
Shelby Township, MI 48317  
[ami@amicondos.com](mailto:ami@amicondos.com)

Approved by \_\_\_\_\_

Date \_\_\_\_\_