

TOWNHOUSE MANOR COOPERATIVE ALTERATION/MODIFICATION REQUEST

DATE _____ BLDG. NO. _____ UNIT NO. _____

Member Name _____

Member Address _____ City _____ State _____ Zip _____

Member Home Phone _____ Business/Cell Phone _____

REQUESTED MODIFICATIONS

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

EXPLANATION OF MODIFICATIONS

Please note that you **MUST** submit a drawing for any requested modification, as categorized above. The drawing should be on a site plan and the scale should be 1/2" = one (1) foot. Please list manufacturer names, styles, **colors**, **pictures**, quantities, sizes, materials to be used and location of requested variance/alteration/modification.

Upon authorization, this work will be performed by: _____
(List Company name, addresses and telephone numbers if outside contractors are to be used.)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

1. I/we have read all applicable sections of the Bylaws, Rules and Regulations, and Occupancy agreement and I/we understand them.
2. **A licensed builder carrying comprehensive general liability and workman's comp insurance, etc. will perform actual construction.** All applicable State of Michigan/City laws, codes, ordinances & regulations will be adhered to and all necessary permits will be obtained at my/our expense. The Board shall be provided a valid current copy of the contractor's certificate of insurance not less than 7 days prior to commencing work.
3. I/we understand that all installation, regular/future maintenance, repair, or any necessary replacement of this Alteration/Modification will be performed at my/our expense.

4. I/we understand my/our responsibilities regarding any necessary adjustments required to individual unit-specific co-owner insurance policy coverage for this requested Alteration/Modification, and all other insurance responsibilities, as defined in the Townhouse Manor Cooperative Governing Documents & Bylaws.
5. 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.
6. Any maintenance costs, or costs incurred by the Cooperative to remedy as any damages caused to any portion of the common elements or building component(s) resulting from installation or removal from a unit or common element to which a modification has been made or may be attached, because of this Alteration/Modification, will be at my/our expense.
7. Necessary relocation of sprinkler heads may only occur with Board approval/coordination prior to any work commencing, and if approved, shall occur at my/our expense.
8. This alteration/variance/modification is subject to all the requirements of the Bylaws (aesthetics, enforcement of Bylaws, member maintenance, alterations and modifications, assessment, and collection of fines, etc.), 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 continued responsibility for it.
10. **All trash & debris created during the installation process shall be cleaned up daily and removed from the development.** No building materials, equipment, trash, or trash containers used during installation shall be stored on the common elements without written consent of the Cooperative's Board of Directors.
11. All the above information is truthful and accurate.

NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED

The cooperative shall have the right to remove or remedy unauthorized modifications at the Member's expense.

Date

Signature of Member

Date

Signature of Member

RETURN COMPLETED FORM TO:
Townhouse Manor Cooperative
 P. O. Box 1419
 Sterling Heights, MI 48311-1419
 Email as a PDF – susan@cpmsupport.com

Approved by _____

Date _____