



Request for Architectural Modification

Community Association Name
Owner Name
Unit Address
Building and Unit Number
Owner Home Phone
Owner Work Phone
Owner E-Mail Address
Nature of Modification. Please describe in detail. Attach additional information or sketches as required.

Modification will affect the following: (Check all that apply)

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

Specify: _____

If approved, modification will begin on _____ and be completed _____.

Contractor's Name
Contractor's Phone

- All appropriate permits and City/Township inspections must be obtained and paid for by the Owner.
- No Modification will commence prior to written approval from the Board of Directors.
- An inspection shall be conducted of the completed modification to ensure compliance with all appropriate Association restrictions and conditions.
- All costs for the modification, as well as future maintenance, repair and/or replacement shall be the sole responsibility of the current and future Owners of the unit.

Date

Signature of Owner

When completed, return form to:

THE HIGHLANDER GROUP, INC.
1899 Orchard Lake Rd., Ste. 204, Sylvan Lake, Michigan 48320
Phone: 248/681-7883 Fax: 248/682-2161