Springfield Park Place Condominium Association EXTERIOR MODIFICATION FORM

Owner's Name:	
Init No:	
hone No:	
pplication Date:	
mail address:	
The undersigned acknowledges that I/We are the lawful owners of the premises and here pply for approval to make property modifications to the unit listed above or exterior are ocated at within the associa	ea
We do hereby authorize the Covenants Committee, the Board of Directors or their despondent the premises concerning this application, upon reasonable notice and reasonable ours.	0
lease describe the request in detail:	
Garage Door/ Storm Door/ Front Door Make/ Model/Color:	
Make and Model # of Windows or Doors:	
Contractor Information:	
address:	
Certificate of Insurance must be included)	

Attach: Manufacturer's brochure, photos of the property scale drawings, rendering or modification, specifications for materials and contractor's name, address and contractor's insurance certificates.

The application will be returned to you if submitted without these attachments.

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NOTE: Work cannot commence without receiving this form back signed and approved by the Board of Directors. The Board has 30 days from the date submitted to review application and provide decision.

Please review approved manufacturer's and Springfield Park Place's window and door replacement policy information at www.springfieldparkplace.com.

*If work involves window installation where new Hardie-Plank siding has been or will be installed, all work must be coordinated with our Contractor (National Contracting) performing the Hardie-Plank installation. If there is a problem with scheduling, the schedule for Springfield Park Place's contractor takes precedence.

*Satellite Dish Installations – the unit owner is personally responsible for any damage or leaks caused by the dish. Please include Indemnification form with this application.

Checklist:

- O Manufacturer's brochure
- O Photos of the property scale drawings, rendering or modification
- O Specifications for materials
- O Color of Garage Door or Storm Door
- O Contractor's insurance certificates

Application Complete:		
	Management Signature and Date	

If permission is granted, we hereby acknowledge that the requested change will be made at our own expense and that maintenance and/or repairs of the above-described change will be our complete responsibility.

I/We hereby agree to abide by the terms and conditions of the approval procedures, the Declaration of Covenants, Conditions and Restriction, the By-Laws and Rules and Regulations of the Association as they apply to this application. We also authorize the Board to employ, engage or hire any professional consulting entity they deem reasonably necessary to properly review this application; the cost of which will be charged to us, provided prior notification and agreement is received from us.

Homeowner's Signature: _	Unit No.:	
Board Member's Signature: _	 Date:	
O Approved		

- O Approved
- O Not Approved