

Coordinator: _____

Administrator: _____

Trustee: _____

Property Modification Application **Requirements / Instructions**

Attached is a Property Modification form. Please review the information listed below, sign this sheet and submit the attached Property Modification Form along with the requested documentation in order to obtain final approval.

REQUIRED DOCUMENTATION:

- A copy of the Contractors Business License in addition to a copy of the Certificate of Insurance (with Workman's Compensation) must be on file prior to the beginning of work.
- A copy of the Certificate of Insurance for the Homeowners Insurance Policy must be on file prior to the beginning of work.
- Proposed plans (when applicable).

PROPERTY MODIFICATIONS PROCEDURE:

- Homeowner to submit appropriate property modification application with all required documents.
- An appointment for review will be scheduled with the homeowner and the Board of Trustees/Administrator.
- Approval or denial letter mailed to Homeowner.

***PLEASE NOTE THAT FINAL APPROVAL WILL NOT BE GIVEN UNTIL THE
APPOINTMENT BETWEEN THE BOARD OF TRUSTEES/ADMINISTRATOR AND THE
HOMEOWNER IS COMPLETED.***

WORK MUST NOT COMMENCE UNTIL FINAL APPROVAL IS GIVEN.

The undersigned hereby applies for approval to make property modifications to the above address located in Crestwood Village V.

1. I/We are the lawful owner(s) of the premises.
2. I/We do hereby authorize the Board of Trustees or their designee to inspect the premises concerning the application, upon reasonable notice and during reasonable hours.
3. I/We agree to abide by all the terms and conditions of the approval procedures, the Master Deed, The By-Laws, and the Rules and Regulations of the Association as they apply to the Property Modification Application.

The modification is approved only on the condition that maintenance and repairs to any of the modifications, alterations or any repairs caused to the exterior of the building will be at the sole expense and responsibility of the homeowner. Modification shall constitute your agreement to and acceptance of this condition.

If you have any questions, please feel free to contact the office at 732-350-0700.

Please sign and return with required documentation to the Crestwood Village Five office.

Signature: _____ Date: _____

PROPERTY MODIFICATION REQUEST FORM- CRESTWOOD VILLAGE FIVE

SOLAR TUBE-SKYLIGHT REPLACEMENT

This form must be submitted for the replacement of a solar tube/skylight at your unit.

STEP 1 Homeowner Information	Name: _____ Address: _____ Phone: _____
STEP 2 Submit Form To:	Crestwood Village Five Community Association 325 Schoolhouse Road, Whiting, New Jersey 08759 Tel: (732) 350-0700, Fax: (732) 350-2691 * Supporting Materials MUST BE INCLUDED .
☐ Approved ☐ Rejected	Upon receipt of completed Property Modification Form and supporting materials, you will receive a approval or denial letter via mail. WORK MUST NOT COMMENCE UNTIL APPROVAL IS GIVEN
PROPERTY MODIFICATION CHECKLIST	
*Roof Trusses may not be cut or altered in connection with installation. *A copy of the Contractors Business License in addition to a copy of the Certificate of Insurance (with Workman's Compensation) must be on file prior to the beginning of work. *All construction and installation work must be done in accordance with applicable State and Local building codes requirements. *A copy of the Certificate of Insurance for the Homeowners Insurance Policy must be on file prior to the beginning of work. *Maintenance, repairs and/or replacement will be the responsibility of the contractor and/or owner. *All repairs and/or upgrades to the unit are disclosed to the homeowner's personal insurance carrier. * An appointment for review will be scheduled with the homeowner and the Board of Trustees/Administrator. Final approval will not be given until this appointment is completed. *In the event of a scheduled or unscheduled roof replacement, the Association shall be responsible for the standard cost of roof replacement as determined by a comparison with the cost of replacing roofs on a similar structure. Any additional costs to facilitate roof replacement shall be the sole responsibility of the homeowner. *Any damage caused by the work of said Contractor will be the sole responsibility of the homeowner. <u> </u> All Items listed above will be satisfied. (Property Owners Initials)	

Contractor's Name: _____
Contractor's Address: _____
Contractor's Phone # : _____
Contractor's License # : _____

The modification is approved only on the condition that maintenance and repairs to any of the modification, alteration or any repairs caused to the exterior of the building will be at the sole expense and responsibility of the homeowner.
Modification shall constitute your agreement to and acceptance of this condition.

Date: _____

ALL WORK IS TO BE COMPLETED WITHIN NINETY (90) DAYS OF APPROVAL