

Coordinator: \_\_\_\_\_

## **Property Modification Application**

Administrator: \_\_\_\_\_

### **Requirements / Instructions**

Trustee: \_\_\_\_\_

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: \_\_\_\_\_

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### **Crestwood Village Five Community Association**

325 Schoolhouse Rd, Whiting, NJ 08759 • Phone 732-350-0700 • Fax 732-350-2691

# PROPERTY MODIFICATION REQUEST FORM- CRESTWOOD VILLAGE FIVE

## TREE REMOVAL

This form must be submitted prior to the removal of trees at your unit.

<b>STEP 1</b> Homeowner Information	Name: _____ Address: _____ Phone: _____
<b>STEP 2</b> 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 <b>MUST BE INCLUDED</b> .
<input type="checkbox"/> Approved  <input type="checkbox"/> Rejected	Upon receipt of completed Property Modification Form and supporting materials, you will receive an approval or denial letter via mail.  <b>WORK MUST NOT COMMENCE UNTIL APPROVAL IS GIVEN</b>

### PROPERTY MODIFICATION CHECKLIST

- \*Removal of trees, at the homeowner's expense, is permitted with the permission of the CV5 Management office and the Board of Trustees. Dead trees will be placed on a list for inspection/evaluation and scheduled for removal if it is in danger of falling on the home.
- \*Removal of trees must include, but is not limited to, the removal and disposal of all pieces of the tree and grinding of the tree stump.
- \*Homeowner must plant a tree to replace the removed tree within ninety (90) days of the date of removal. Please indicate where the tree will be planted.
- \* 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.
- \*Homeowners are required to keep foliage adjacent to homes trimmed at least ten (10) inches from the siding.
- \*A licensed contractor must complete the removal work.
- \*A copy of the contractors Business License in addition to a copy of the Certificate of Insurance must be on file prior to the beginning of work.
- \*All construction must be done according to the applicable State and Local buildings codes and requirements. A copy of the permit must be provided if applicable.
- \*Any damage caused by the work of said contractor will be the sole responsibility of the homeowner.
- \*A copy of the Homeowners Certificate of Insurance must be provided prior to the installation.
- \* Tag/label the tree to indicate which tree you would like to remove.

**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.**