

Rustic Woods Condo 2 PROPERTY MODIFICATION REQUEST FORM

Owners Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Owner's Address if different than above: _____

In accordance with the Governing Documents and Rules and Regulations of the Rustic Woods Condo 2, I hereby apply for approval to make the following alterations to the premises as described below. All information must be submitted completely to process. Submit separate requests for each improvement.

Description of Modification (LOCATION TO BE MARKED ON SURVEY)

Deck, Patio, Fence	_____	Location of Installation:	See marked survey
Satellite Dish	_____	Location of Installation:	See marked survey
Other (Windows, Doors)	_____	Location of Installation:	See marked survey

Provide a detailed description of the modification or change applied for:

Contractor Information (submit separate form for each project)

Contractors Name: _____

Address: _____ Phone: _____

Please attach and submit the following with your application – Request must be submitted complete:

- a. COI: Contractor's Current Certification of Insurance, showing evidence of liability and Workers' Compensation coverage. Liability coverage must name Rustic Woods Condo 2 c/o Klein Property Mgt, 225 Gordons Corner Rd, #1A, Manalapan, NJ 07726 as additionally insured. (see sample certificate)
- b. Detailed drawing or blueprint of your plans and a "marked" COPY of your property survey showing the location of the requested improvement/modification. A photo of the property can be included.
- c. A sales flyer, photo(s), specifications of the improvement, indicating color, design, etc.

I understand that under the Governing Documents and the rules and regulations, the Board will act on this request and provide me with a written response of their decision within 30 days of receipt of a completed application.

I further understand and agree to the following provisions:

- 1. I will not commence or enter a commitment of work until I have received advanced written approval from the Association. I further acknowledge that there will be no deviation from this proposal if approved. I acknowledge that I must re-submit this modification request if changes are made following the initial approval.
- 2. All work will be done expeditiously once commenced and will be done in a good workman-like manner by a contractor or myself and work will be performed at a time and in a manner to minimize interference and inconvenience to other neighbors.

THIS IS A SJWPI..E VENDOR CO/·YOU SHOULD PROVIDE THIS TO YOUR COWTRACTOR TO AVOID PROCESSING DELAYS.DO NOT SUBMT THIS SAM'LE WTH YOUR APPUCATION.

CERTIFICATE OF LIABILITY INSURANCE

INSERT DATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFIRMS THE RIGHTS OF THE POLICYHOLDER. THIS POLICY DOES NOT AUTOMATICALLY AMEND, ALTER THE COVERAGE, OR ALTER THE COVENANTS, AGREEMENTS, CONDITIONS, EXCLUSIONS, LIMITS, DEDUCTIBLES, OR OTHER PROVISIONS OF THE POLICY. THIS CERTIFICATE DOES NOT PROVIDE A CONTRACT BETWEEN THE POLICYHOLDER AND THE INSURER.

INSURANCE CARRIER NAME
PLEASE PROVIDE HERE.

1 -
POLICE ADDRESS OF COMPANY
YOUR BUSINESS HOME
ADDRESS

SAMPLE

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RUSTIC YODOS CONDO II
C/O KLEIN PROPEITV W IAGEJ.IENf
225 " HS CORNER ROADSUITE IA
MANALAPAN.NJ07721

INSURANCE COMPANY
POLICY NUMBER
EFFECTIVE DATE
EXPIRES

INSURER SIGNATURE HERE