

Rustic Woods HOA 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 HOA, 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 HOA, 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 SAMPLE VENDOR COL YOU SHOULD PROVIDE THIS TO YOUR CONTRACTOR TO AVOID PROCESSING DELAYS. DO NOT SUBMIT THIS SAMPLE WITH YOUR APPLICATION.

CERTIFICATE OF LIABILITY INSURANCE

INSERT DATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFIRMS THE EXISTENCE OF THE POLICY DESCRIBED HEREIN. IT DOES NOT ALTER THE COVERAGE OR CONDITIONS OF THE POLICY. THIS CERTIFICATE DOES NOT PROVIDE COVERAGE FOR THE POLICY DESCRIBED HEREIN.

INSURANCE CARRIER NAME
PLEASE PROVIDE HERE.

1 -
POLICE ADDRESS OF COMPANY
YOUR OFFICE
AT HOME

SAMPLE

1-06 ONRACONTRACTOR'S LIABILITY INSURANCE - AC0110 IM -
THIS POLICY COVERS THE CONTRACTOR'S LIABILITY FOR BODILY INJURY AND PROPERTY DAMAGE. THE POLICY IS ISSUED TO THE CONTRACTOR BY THE INSURANCE COMPANY. THE POLICY IS NOT A CONTRACT AND DOES NOT ALTER THE COVERAGE OR CONDITIONS OF THE POLICY. THIS POLICY DOES NOT PROVIDE COVERAGE FOR THE CONTRACTOR'S NEGLIGENCE.

RUSTIC YARDS CONDO II
C/O KLEIN PROPERTY MANAGEMENT
225 "HS" CORNER ROAD SUITE 1A
MANALAPAN, NJ 07721

INSURED BY: [REDACTED]
POLICY NUMBER: [REDACTED]
EFFECTIVE DATE: [REDACTED]
EXPIRES: [REDACTED]

INSURER SIGNATURE HERE