

# Exhibit "I" Application for Review of Modifications

Date \_\_\_\_\_ Unit # \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax/Email \_\_\_\_\_

Signature \_\_\_\_\_

Design Professional Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax/Email \_\_\_\_\_

Builder Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax/Email \_\_\_\_\_

Modification Request

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Reviewer's Remarks

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Review Fee \_\_\_\_\_ Date Received \_\_\_\_\_

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