

# Property Modification Application

## Mountain Shadows Condominium Association

This application is required for any work that includes modifications to any unit in Mountain Shadows. A few examples are removing or relocating any interior walls, remodeling of kitchens/bathrooms, improvements in basements, window replacements, fireplace conversions. Questions can be directed to Associa® Community Management at CNJhelp@associa.us or 973-773-6262.

This form must be submitted and approved before any work is started.

Application Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mountain Shadows Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tel #: \_\_\_\_\_

Is this a Fast Track Request? (Please see Checklist for Remodeling/Construction Projects) Yes No

Modification Description: \_\_\_\_\_

\_\_\_\_\_

- Fast Track projects typically do not require anything other than the modification description as long as the specifications on the Mountain Shadows website are used.
- General Projects must provide the following information:
  - Architect/Engineering plans
  - Material Specifications
  - Photos of area being reviewed for approval.

The Board of Directors will review and respond in writing within 30 days of this request. Additional information may be requested prior to final approval.

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Upon approval, the following documents must be provided to Associa® Community Management before any work can be started.

- Unit Owner may be required to sign a Hold Harmless agreement - Associa® Community Management will advise
- Photocopies of permits (if required) must be sent to Associa® Community Management Customer Service
- Form completed and sent to Associa® Community Management  
COI must be included with Vendor Information Form

I/We represent that:

I/We are the lawful owners of the premises.

I/We agree to abide by the terms and conditions of the approval procedures, the Declaration of Covenants and Restrictions, the By-laws, and the Rules and Regulations of the Mountain Shadows Condominium Association as they apply to this application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\*\*\*\*\*

(For Board to Complete)

Date Received \_\_\_\_\_

Approved \_\_\_\_\_

Conditionally Approved \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Date