

BARDEN WOODS CONDOMINIUM

Modification Request for Approval

Co-Owner Name: _____

Address: _____

Unit #: _____

Telephone: Home: _____

Mobile: _____

Email Address: _____

Description of Proposed Modification:

(Please be as detailed as possible)

Diagram or Plan of Modification:

(Attach drawings, illustrations or other supporting documents)

Anticipated Start Date of Project: _____

Completion Date: _____

If the modification project is not started by _____ a new modification request will have to be submitted to the Board for approval. Once begun, the project is to be completed within the time frame indicated by the Co-Owner.

I (we) understand that if the modification requires digging into the ground, or accessing any other common element, that utility lines or other common elements may be encountered. We hereby accept financial responsibility for repair of any damage that may be incurred in connection with the proposed modification.

Upon completion of the modification, Board inspection is required to assure compliance with the original specifications and code.

SIGNATURE:

DATE SUBMITTED:

Co-owner's Signature

Date

Return to: Barden Woods Condominium Association
Address: 22725 Greater Mack Avenue , Suite A-100
St. Clair Shores, MI 48080

Attention: Sue Kracht
Email: skracht@mi-condo.com