

MADISON PLACE CONDOMINIUM ASSOCIATION

APPLICATION FOR CHANGE OR ALTERATION

NAME _____ **DATE** _____

ADDRESS _____ **PHONE** _____

EMAIL _____

(your address will be added to the email alert list)

- 1. Draw a simple sketch below to indicate location, dimensions, materials, color and other pertinent information, or attach a copy of your plans or brochure.
 - 2. Hold Harmless agreement must be completed and returned with this application.
 - 3. Please include a certificate of insurance from all contractors performing work within Madison Place Condominium Association. Insurance certificate must be submitted with application to obtain approval.
 - 4. All requests will be reviewed by the Board of Trustees to determine compliance with current Association guidelines for change.
2. Satellite dishes cannot be installed on the roof.

Any questions call the Management Office: (856) 767-6888.

PLEASE MAIL COMPLETED APPLICATION TO:
Madison Place Condominium Association, P. O. Box 1106, Voorhees, N. J.
08043 or email to madisonplace2@verizon.net

date _____
owner signature

Owner grants permission to management or Board of Trustees to enter property to inspect proposed work.

- NOTES:**
- 1. Resident is required to obtain all Mt. Laurel Township, state, and any other necessary permits before work can begin.
 - 2. Applications cannot be processed unless residents are current in their Association fees
 - 3. Residents should be advised that if an architectural matter must be referred to the Association attorney, the attorney's costs will become the financial responsibility of the homeowner.
 - 4. No work can begin until Association approval is obtained.

APPROVED UNCONDITIONALLY _____ (Board member initial)

APPROVED CONDITIONALLY _____
(See Attachments)

REJECTED _____
(See Attachments)

Board Member

Date

Property Manager

Date

____ Application cannot be processed because Association fees are delinquent. Please resubmit after fees are paid.

Manager

Date