

Pickawillany Condominium Unit Owners Association

REQUEST TO MODIFY PROPERTY

Name: _____

Address: _____ Phone: _____

Brief description of proposed change

Supplier and Contractor: _____

Proposed Start Date: _____ Estimated Cost: _____

Attach an accurate, detailed, scale drawing of the proposed modification, describing the existing condition and a description of ALL proposed changes, inclusive of nature, kind, shape, height, width, materials, colors, and exact location of same. Drawings should be in sufficient detail for the committee to understand the design intent, basic structure, and shall indicate all proposed materials. Include catalogue cuts of products to be used, materials and methods of construction and any additional information which will help the committee understand your intentions. All measurements are the responsibility of the contractor and unit owner. Please complete the Neighbor's Approval for Request to Modify and secure the approval of (3) immediate neighbors.

Submit two copies of all required documentation to the committee chairperson, along with a refundable deposit equal to 25% of the estimated cost of the modification inclusive of installation costs (up to \$300.00). Make check payable to Pickawillany Condominium Unit Owners Association. The deposit will be returned to you upon successful completion of the approved design and full compliance with all Association rules and regulations pertaining to the modification including notification of necessary changes as determined by the Board.

The Committee will review your request as to harmony of design, color and location in relation to surrounding structures and topography and construction at its next regularly scheduled meeting and will notify you of the status. The Committee may want to review the proposal at your home, at which time you will have the opportunity to explain any portion of the proposal which the Committee finds unclear. After Committee review, your request will be presented to the Board of Directors by the Committee at the next regularly scheduled Board meeting. You are invited and encouraged to attend this meeting. The Committee will document the Board's action in writing to you. Appeals by owners or neighbors may be made directly to the Board.

After the Board has issued a May Proceed, please notify the Committee chairperson (a) when you are ready to start construction and (b) when you project is completed. The project must be completed 60 days after the date of the May Proceed. Note: Any changes to the design (including any additions, modifications, adjustments and deletions) made after the Board has issued a May Proceed must be referred to the Committee for review and approval in advance of any construction, even if the changes are the result of unforeseen or concealed conditions discovered during construction.

I/We understand the rules concerning the attached modification proposal. I/We agree to abide by the decision and /or special conditions set forth by the Pickawillany Board of Directors. I/We acknowledge my/our responsibility for meeting all applicable City codes, permit requirements and other regulations and understand that PCUOA assumes no responsibility – either initially or in the future – for any costs association with the proposed modification, including, but not limited to: maintenance and repairs of the modification, repairs or replacement to the modification due to Association repairs to common or limited common property (including underground utilities), damage to existing structure or building elements, or disruption of or damage to underground utilities.

I/We shall indemnify the Board in writing by agreeing to maintain, repair, and/or replace said exterior addition of alterations. Such indemnification shall be in perpetuity, shall run with the land and shall be binding upon each unit owner, their successors and assigns.

Signature(s) _____ Date: _____

For Committee Use

Date Application Received: _____ Initials _____

Committee Review Date: _____ Initials _____

Committee Recommendation: _____

Board of Directors Review Date: _____

ACTION: May Proceed May Not Proceed

Comments:

