

LINKS AT VALLEYBROOK
EXTERIOR MODIFICATION FORM

YOUR NAME: _____

ADDRESS: _____

E-MAIL: _____ HOME PHONE: _____ CELL: _____

I hereby request application for the following work, which may include improvement, change, addition or alteration to my property (Describe the change request and enclose a sketch with colors and specifics, if needed, so the Board of Directors may review your application in detail.):

CONTRACTOR'S NAME & PHONE #: _____

ADDRESS: _____ DATE WORK IS TO BEGIN: _____

PLEASE NOTE: You must provide the Association with a Certificate of Insurance showing general liability and workman's compensation insurance from your contractor. List your name and address as Certificate Holder and add The Links as additional insured. Send a copy of your permit(s) PRIOR to the commencement of work being performed by a contractor if required. Work MUST BEGIN within six (6) months of approval. If work is not started and completed within six (6) months, the approval application will be null and void.

I understand that the approval of this project does not waive the necessity to obtain township permits or comply with applicable building or zoning codes and that failure to obtain the necessary permit(s) will automatically void this approval, if granted.

If this request is authorized and installed, the above described is the sole property of the unit owner requesting the approval. By executing this form, I accept full responsibility for its maintenance and good repair and certify that all work will be done by qualified personnel.

I UNDERSTAND THAT NO WORK MAY COMMENCE ON THIS REQUEST UNTIL RECEIPT OF WRITTEN APPROVAL FROM THE BOARD OF DIRECTORS HAS BEEN RECEIVED.

Signed: _____ Date: _____

If work is to include neighboring property, neighbor's signature is required.

Neighbors Address: _____

Neighbors Signature: _____ Date: _____

Return documents to:

LINKS AT VALLEYBROOK

c/o ASSOCIA MID-ATLANTIC

14000 HORIZON WAY, SUITE 200 – MT. LAUREL, NJ 08054 OR

upload at www.townsq. or email it to your Community Manager

yana.brown@associamidatlantic.com

Do Not Write In This Space – For Committee Use Only

Date Received by Management: _____ Date Received by Board of Directors: _____ Approved Date:

Subject to: _____

Disapproved Date: _____ Reason: _____

Date Response Sent to Homeowner: _____

