

**LAKEVIEW ESTATES CONDOMINIUM ASSOCIATION  
MODIFICATION PACKET**

Dear Co-owner:

Per your request, here is your modification packet. Please note that there are three forms attached that must be completed in full before your modification request is considered complete.

Complete and submit to Independent Property Management (IPM) via email attachment, fax or postal mail, and IPM will forward to the Board of Directors for review:

FORM 1 ALTERATION MODIFICATION REQUEST  
FORM 2 ACKNOWLEDGEMENT AGREEMENT

**APPROVAL PROCESS:**

1. After reviewing the submitted request, the Board of Directors approves or disapproves the request, which may include conditions for moving forward with the request. IPM will notify the Co-owner in writing of the Board's decision.
2. After receipt of the documentation approving the proposal, the Co-owner may proceed.
3. If the proposal is not approved, the co-owner may make the required changes to the proposal and re-submit the proposal to IPM and the Board for reconsideration.
4. Upon completion of the modification project, the co-owner completes FORM 3 FINAL INSPECTION REQUEST and submits it to IPM for inspection and final approval.
5. If approved, FORM 3 is retained by IPM to complete the modification package and retain in unit file. A copy of the approved package will be mailed to the co-owner for their records.
6. If not approved, FORM 3 will be returned to Co-owner for any corrective action that might be required.

Thank you for your cooperation.  
Board of Directors

LAKEVIEW ESTATES CONDOMINIUM ASSOCIATION  
ALTERATION / MODIFICATION REQUEST

Date: \_\_\_\_\_  
Bldg # \_\_\_\_\_ Unit # \_\_\_\_\_

Co-Owner Name(s): \_\_\_\_\_

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

Home Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

<b>Requested Modification:</b> _____ Deck _____ Privacy Fence _____ Landscaping _____ Windows _____ Door _____ Other	<b>Please attach brochures, pamphlets,          contractor's proposal, and other          pertinent information regarding your          modification request.</b>
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**Modification Explanation:**

(Please **note**: You must submit a drawing of a proposed deck or Privacy fence. Scale should be 1/2"=1'.)  
Give sizes and materials used.

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

\_\_\_\_ This work will be performed by: \_\_\_\_\_ (**attach proposal**)

**Please read closely before signing:**

1. I have read and understand all applicable sections of the Bylaws.
2. This alteration/variance /modification is subject to all the requirements of the Bylaws, occupancy agreements, and other applicable regulations at the Board's discretion.
3. An insured licensed builder must perform actual construction. All applicable codes and regulations will be followed and all necessary permits will be obtained at co-owners expense.
4. All maintenance to this alteration/variance/modification will be performed at my expense.
5. If any legal or regulatory agency require modifications to this variance at any time in the future, they will be done at my expense.
6. I will pay any maintenance costs incurred by the Association as a result of this variance.
7. Decks can not be installed over a drainage swale. In the event the deck does interfere with the drainage the owner will be required, at their expense, to correct the drainage to the satisfaction of the Association.
8. It is my responsibility to advise future assigns or owners of the modifications and of their responsibility of the same.
9. All of the above information is truthful and accurate.

Signature of Co-Owners(s): \_\_\_\_\_

DATE

Board of Director Approval: \_\_\_\_\_

DATE

Lakeview Estates Condominium Association  
**ACKNOWLEDGEMENT AGREEMENT**

I/We, the co-owner(s) of the condominium unit located at \_\_\_\_\_ and member(s) of the Lakeview Estates Condominium Association acknowledge our responsibility in the following:

1. To obtain any required permits.
2. To be held liable for any utility disruptions or other damages caused by the modification on my/our work site. Remember to call Miss Dig at 1-800-482-7171.
3. To complete all work with the guidelines provided by the Master Deed and By-Laws for the Lakeview Estates Condominium Association. The LECA Board of Directors must approve any exceptions in writing.
4. To retain a true copy of this Acknowledgment with my/our ownership documents and to make them known to future prospective owners before closing on the sale of my/our condominium.
5. The complete maintenance and upkeep of said modification is the responsibility of the co-owner(s).
6. All approved work must be completed within one calendar year. After one year proposals must be resubmitted to the ARC.

Co-owner signature(s) \_\_\_\_\_ DATE \_\_\_\_\_

Received by the Architectural Review Committee \_\_\_/\_\_\_/\_\_\_

Recommended by the ARC: \_\_\_/\_\_\_/\_\_\_

Conditional recommendation Yes / No (If yes, see below)

Conditions: \_\_\_\_\_

ARC Signatures:

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

Date Received by the LECA BOD \_\_\_\_\_

Date Approved by the LECA BOD \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

**COMPLETED FORMS (2) MUST BE MAILED TO:  
Lakeview Estates Condominium Association  
c/o the Management Company**

**NO WORK MAY BEGIN UNTIL WRITTEN APPROVAL IS RECEIVED  
FROM THE MANAGEMENT COMPANY ON BEHALF OF LAKEVIEW ESTATES**

FORM 3

LAKEVIEW ESTATES CONDOMINIUM ASSOCIATION  
FINAL INSPECTION REQUEST

Co-Owner Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Unit # \_\_\_\_\_

I/we hereby apply for final inspection of the following alteration modification or installation, which was approved by the Board of Directors on: (date) \_\_\_\_\_

Description of alteration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we acknowledge the Association's inspection is only an inspection for conformity to the adequacy of the alteration / modification / improvement as it relates to:

- a) conformity to local municipality requirements
- b) the adequacy of construction specifications
- c) the quality of workmanship
- d) the soundness or safety of the improvement(s)
- e) conformity to the co-owner's approved Alteration/Modification Request.

Co-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form to the Management Company after approval and alteration / modification / improvement is completed.

**Copies of Municipality inspections, if required by the Township, must accompany this request before processing may begin.**

FINAL INSPECTION

Date \_\_\_\_\_ Architectural Committee \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_ Reason: \_\_\_\_\_

To reverse this decision, you must \_\_\_\_\_  
\_\_\_\_\_