

Association Name _____

Architectural Modification Request Form

Date of Application: _____

Homeowner Information

Name: _____

Unit Address: _____ Unit # (if applicable) _____

Home # _____ Cell # _____ Work # _____

Email Address: _____

Modification Information (If additional space is needed, attach a second sheet of paper)

Nature of Modification: _____

Location of Modification: _____

Dimensions (if applicable): _____

Construction Material (if applicable): _____

Name of Contractor: _____

All modification requests must be accompanied by the following documents:

	Check if Attached
1. Picture or brochure	
2. Copy of Contractor's proposal (or list of materials if Homeowner installed)	
3. Sample copy of Contractor's Certificate of Insurance (Once approved, another certification must be submitted which includes liability and w/c coverage and the Association must be listed as Additional Insured)	
4. Drawing of modification showing location and dimensions (if applicable)	

Your request will only be submitted for consideration if all documentation has been submitted properly. Requests are reviewed by the Board or Architectural Committee. Review and approval may take up to 45 days, depending on the association. Missing or incorrect documentation will delay the approval process.

IF THIS ALTERATION IS APPROVED, I ACCEPT FULL RESPONSIBILITY FOR ALL OF THE UPKEEP OF THE ALTERED AREA AND AGREE TO MAINTAIN IT IN A SAFE CONDITION. I UNDERSTAND THE ALTERATION MUST BE PERFORMED WITHIN THE SAME YEAR OF APPROVAL, OTHERWISE APPROVAL IS VOID.

Homeowner Signature: _____ Date: _____

(Required for processing)

Please send completed forms and any attachments via:

Mail: MC Property Management Corp.
14224 McCarthy Road, Lemont, IL 60439

or

Email: support@mcpmc.com

or

Fax: 630-985-2583 (Attn: Support)

For office use only

Received by: _____ Date: _____

Board Approval by: _____ Date: _____

Approval letter sent ___ YES ___ NO

Reason if disapproved: _____