

THE GLENS AT CARLSON PARK ASSOCIATION

* Salisbury's Systems & Solutions * PO BOX 65 * Mt. Clemens, MI 48046 *
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MODIFICATION REQUEST FORM

Name		Address		Lot #	
Date of Request		*Approx Start Date		Est. Project Timeframe:	

*Please submit modification request **no later** then 10 days before your start date to ensure compliance is met *before* work begins.

The above named homeowner requests to build, add-on, or otherwise alter the home, its associated structures or property as follows:

DESCRIPTION OF ALTERATION: (You must also attach a detailed sketch/drawing of alteration including measurements, complete descriptions, and placement of said request)

Please Note: All projects must be completed within 14 days from the start date, unless otherwise indicated above. It is the homeowner's responsibility to obtain any and all necessary permits before you construct improvement(s). Management reserves the right to inspect the alterations described above upon completion.

I, _____, agree to complete improvement(s) within **14 days** of start date,
 (PRINT NAME)

and to obtain any permits necessary to construct improvement(s).

 (HOMEOWNER SIGNATURE)

 (DATE)

___ Upon review of the above request, we find it **is** within our guidelines.

___ Upon review of the above request, we find it **is not** within our guidelines.

 President

 Secretary

 Vice President

 Treasurer

 At Large

 Approval Date

 Signed Date

Board Comments:
