



APPLICATION FOR UNIT MODIFICATION

All applications must be returned to the administration office or emailed to Andrea Wolstromer at awolstromer@taylormgt.com. Unit owners will be notified within 24 hours whether board approval and/or additional documentation is required.

Unit Owner Name(s): _____

Section: _____ Address: _____

Preferred method of communication: Phone E-mail No preference

Phone Number: _____ E-mail: _____

Unit Model/Floor Plan: _____ Estimated Start Date: _____

Contractor/Installer Name: _____

Contractor/Installer Phone #: _____ Reg./License #: _____

Project Description (check off all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Awning | <input type="checkbox"/> Interior Modifications (any) | <input type="checkbox"/> Shed (Cambridge Models) |
| <input type="checkbox"/> Electric/Lighting (any) | <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Solar Panels |
| <input type="checkbox"/> Enclosures (i.e.: sun room) | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Patio/Deck/Atrium | <input type="checkbox"/> Windows/Doors/Skylights |
| <input type="checkbox"/> Generator | <input type="checkbox"/> Plumbing (any) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> HVAC/Heat Pump | <input type="checkbox"/> Satellite Dish | |

Detailed Description: _____

Please read and initial each:

- I/We will abide by the specifications/regulations for the improvement being applied for to my unit.
- I/We, the undersigned, will comply with all of the community's rules for operating, installing, maintaining, and using said modification/improvement and accept the responsibility of the same.
- I/We understand that upon inspection by Monroe Township or the Clearbrook Architectural Committee, if damage is noted to my unit, that the cost of the repair will be billed to my/our account.

Unit Owner(s) Signature: _____ Date: _____

_____ Date: _____