

MODIFICATION REQUEST FORM

Regency Management Group PO Box 588 Howell, NJ 07731 732-364-5900 (tel) 732-905-8606 (fax) info@regencymanagementgroup.biz

In accorda	nce with the Declaration of Covenants, Conditions and Restrictions of , I hereby apply for permission to make the following alterations to the
premises a	s described below:
Owner's N	lame
Address:	
Home Pho	one: Work Phone:
Email add	ress (optional):
Nature of	Modification:
Color (if a	pplicable):
Contracto	r:
Address 8	Telephone Number of Contractor:
Owner(s)	Signature(s): Date:
NOTES: 1. 2. 3. 4. 5.	If applicable, the materials used and the color must conform with the existing materials and color. Email, fax or mail appropriate sketches and/or drawings with description of work to be done. Indicate materials to be used, color and other pertinent information including name and telephone number of contractor. A plot plan and closing survey must also be submitted indicating placement of decks, patios, landscaping, etc. All modifications and any damaged caused by the modification become the homeowner's
6.	responsibility. Modifications are subject to inspection by the Board of Directors / Architectural Control Committee for compliance with regulations and approvals.
	FOR OFFICE USE ONLY
APPROVE	D: DISAPPROVED:
REMARKS:	

Any further modification or changes to the original approved modification must be returned to Regency Management Group for Board approval.