## REQUEST FOR MODIFICATION APPROVAL

ASSOCIAT	TION NAME:		
HOMEOWN	NER'S NAME:		
		UNIT:	
HOME PHO	DNE:	WORK PHONE:	
ANTICIPAT	TED DATE FOR MODIFICATION TO BEGIN:		
	TION IS THE: (check those applicable) or Appearance		
Structi	ural Parts of the Unit		
Commo	on Elements, Limited		
Commo	on Elements, General		
Landsc	caping		
SPECIAL N 1. 2.	NOTES: Any additions or changes to the common elements	onal sheets and/or attach sketches as necessary)  s must be approved by the Board of Directors. of any approved change is the responsibility of the co-owner and subsequent co-owners.	
3. 4. 5. 6.	<ol> <li>If any co-owner fails to properly maintain any approved change, the maintenance will be done by the Association and assessed to the co-owner.</li> <li>Unauthorized changes may be removed by the Association and the cost of removal assessed to the co-owner.</li> <li>Notify management when the modification is complete at melissa@inrhodes.com</li> <li>If during or after construction there is any injury incurred by an employee or guest because of the modification, the co-owner will hold the Board of Directors, the Association and In Rhodes Management blameless.</li> </ol>		
7. 8. 9.	allow for entry.  8. The Board of Directors retain the right to require the co-owner to maintain the modification to the standards of the Association as determined by the Board.		
Approved	Date	_ Managing Agent Signature	
UNAPPRO	VED		
While it is a		cation will be approved, please do not begin your modification until approval is received.	

Please send to: melissa@inrhodes.com