

_____ASSOCIATION
(Please fill out Association name or this form will not be processed)
MODIFICATION APPLICATION

Date of Application: _____
Unit Owner: _____
Address: _____
Daytime Phone: _____ **Evening Phone:** _____

NATURE OF MODIFICATION:

Location: _____
Dimension (if applicable): _____
Construction Material (if applicable): _____
Installer/Contractor: _____

**A REPRESENTATIVE DRAWING OF ALL PROPOSED IMPROVEMENTS
MUST BE ATTACHED TO SHOW LOCATION AND DIMENSIONS.**

All work must meet Local Building Codes and permits will be obtained by owner if applicable.

As of the approval date of this alteration, I accept full responsibility for all the upkeep of the altered area and to maintain it in a safe condition.

Signed: _____ **Date:** _____
Received By: _____ **Date:** _____
Approved By: _____ **Date:** _____

Reason for Disapproval:

Please mail, fax, or email application to:
Elite Management Associates, Inc.
PO Box 628
Western Springs, IL 60558
Fax: 708-352-2871
Email: info@elitemgt.net