

**Silver Creek  
ASSOCIATION**

**ALTERATION / MODIFICATION REQUEST**

DATE: \_\_\_\_\_ BLDG # \_\_\_\_\_ UNIT # \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Owner(s) Phone #'s: \_\_\_\_\_ Work / Other \_\_\_\_\_

Email: \_\_\_\_\_

.....  
**REQUESTED MODIFICATIONS**

\_\_\_\_\_ Exterior Appearance

\_\_\_\_\_ Landscaping

\_\_\_\_\_ Structural Parts of Unit

\_\_\_\_\_ Common / Limited Elements

\_\_\_\_\_ Other (explain) \_\_\_\_\_  
.....

**Explanation of Modifications**

Please note that you **MUST** submit a drawing for any modification, which requires same such as a deck, landscaping modification, etc. The drawing should include all dimensions and list sizes / materials to be used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This work will be performed by: \_\_\_\_\_

(List address and phone if outside contractor is to be used.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
.....

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

1. We have read all applicable sections of the Bylaws and we understand same.

2. All installation and required maintenance costs of this Alteration / Modification will be performed at our expense.

- 3. We understand and agree that all required permits / costs to obtain necessary regulatory approvals will be at our expense.
  - a. We further understand and agree that, should any legal, regulatory agency require, at any time in the future, modifications to this variance, they will be done at our expense.

4. We understand and agree that whether the homeowner(s) and/or contractor performs the requested Alteration / Modification that appropriate certificates of insurance coverage with Silver Creek Association named as Additional insured be provided prior to start of work.

5. The alteration / variance / modification is subject to all the requirements of the Bylaws, occupancy agreements and other applicable regulations at the Board of Directors' discretion.

6. We understand and agree it is our responsibility to advise future assigns and/or owners of the unit of this modification and of their responsibility for same.

7. All the above information is truthful and accurate.

**NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS RECEIVED.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Co-owner

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Co-owner



**RETURN COMPLETED FORM TO:**

Silver Creek HOA Association  
25836 Wild Flower Lane  
Brownstown, MI 48134  
rowsinski@comcast.net

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_