

APPLICATION FOR BUILDING MODIFICATIONS

Proposed work to be reviewed by the Montgomery Mutual Office for the purpose of providing continuity throughout Montgomery Mutual and guidance to the Mutual Board of Directors by ensuring a high level of quality for all construction projects.

IMPORTANT: DO NOT ENTER INTO ANY SIGNED CONTRACT WITH ANY CONTRACTOR OR GIVE ANY CONTRACTOR ANY DEPOSIT MONEY UNTIL YOUR APPLICATION FOR BUILDING MODIFICATION HAS BEEN APPROVED BY YOUR MUTUAL BOARD OF DIRECTORS IN WRITING. THIS APPLICATION IS ONLY GOOD FOR 180 DAYS.

NAME (Include co-members): _____
ADDRESS: _____
PHONE: _____

For office use only

rece _____

TYPE OF ALTERATION:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Fence | <input type="checkbox"/> Lighting/Electric | <input type="checkbox"/> Florida Room/Addition |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Shed | <input type="checkbox"/> Storm/Front Door |
| <input type="checkbox"/> Hand Rail | <input type="checkbox"/> Patio/Atrium Enclosure | <input type="checkbox"/> Other |

*** RESIDENTS MUST PROVIDE U-FACTOR IF INSTALLING NEW WINDOWS AND DOORS. THIS INFORMATION WILL BE FORWARDED TO THE ENERGY COMMITTEE FOR A NEW E-RATING, WHEN APPLICABLE.**

Provide a detailed description of the proposed work. Indicate by attaching a **SKETCH, DRAWING, MATERIAL CATALOGUE, AND/OR DETAILED TYPED DESCRIPTION** of the proposed modifications. Refer to your Mutual Bylaws, rules and regulations to see if the proposed work is allowable BEFORE submitting this application form for approval. Kindly include information regarding contractor performing the work as follows: **Copy of Contractor's State/County license; contact name and phone #; copy of current Certificate of Insurance; and any applicable permits that are required. Note: Certificate of insurance must name the unit owner, the Mutual, LWMC and LWCC as additional insured.** Applications received without the above information will be returned.

Work to be performed by: _____
NAME OF CONTRACTOR
MD license # _____

I/We hereby agree that the cost of all labor, equipment and materials involved in this proposed work including painting, planting, care and maintenance, as well as all restoration, if necessary, shall be at my/our cost and expense and in accordance with the attached plan. I/We will save Leisure World of Maryland Corporation harmless by employing only contractors who furnish a Liability Insurance Certificate to the Physical Properties Department and agree to adhere to all applicable regulations established or contractors operating within Leisure World. I/We understand that any additional future maintenance caused by the above requested alteration will be billed to us/me directly.

SIGNED (resident member) _____	DATE: _____
Neighbor Approval _____	DATE: _____
(Three required for _____	DATE: _____
Exterior changes only) _____	DATE: _____

