

5324025-40-5-5\*

SPRINGTOP CONDOMINIUM ASSOCIATION  
SPRINGFIELD, NJ 07081

PROPERTY MODIFICATION APPLICATION

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

Telephone Number: \_\_\_\_\_

The undersigned hereby applies for approval to make properly modifications to the home or exterior area located at: \_\_\_\_\_ within Springtop Condominium Association.

I/We authorize and represent the following:

1. I/We are the lawful owner(s) of the premises.
2. I/We do hereby authorize the Covenants Committee, the Board of Trustees or their designee to inspect the premises concerning this application, upon reasonable notice and during reasonable hours.
3. I/We agree to abide by all the terms and conditions of the approval procedures, Declaration of Covenants, Conditions and Restriction, By-Laws and the Rules and Regulations of the Associations they apply to this application. I/We also authorize the Board to employ, engage or hire any professional consulting entity that it deems reasonably necessary to properly review this application, the cost of which will be charged to us, provided that prior notification and agreement is received from us.
4. Insurance for contractor/vendor must be submitted with this form: General Liability and Worker's compensation insurance certificate must read as follows;
  - a. Springtop Condominium Association, c/o Corner Property Management, P.O. Box 297, Springfield, NJ 07081

Narrative description of Modification and Draw on Final Survey:

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

Where appropriate, attach: Manufacturer's brochure, photo of property, scale drawing, rendering of modification, name of contractor, certificate of insurance from contractor, and specifications for materials (any permits necessary are the homeowners' responsibility).

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

Approved by:

Disapproved by:

Received and Filed on:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# Springtop Condominium Association

c/o Corner Property Management

Po Box 297 • Springfield, NJ 07081 • Phone: 973.376.3925 • Fax: 973-232-5117

## Construction and/or projects:



- The contractor shall be fully insured and obtain necessary permits from the township.
- All debris must be disposed of offsite and not in association dumpsters.
- Any electrical upgrade **MUST NOT** exceed 80 Amp service for the entire condo.
- Neighbor directly above or below must be notified in advance of water being shut off. Make sure that the contractor knows where the shut offs are in advance of starting work.
- Contractor cannot use another unit owner's privately-owned parking spot.
- Work hours are 8am to 6pm Monday thru Saturday... No work to be done on Sundays.
- Cover any smoke detector heads
- Do not use any Springtop common area electric supply
- Do not throw anything out the window