



**RAMP S**

**CRESTWOOD VILLAGE CO-OP FOUR, INC.**

**Application for Architectural Modification - Ramps**

**\*\*Please allow at least two weeks for processing\*\***

Date: \_\_\_\_\_ Resident Phone Number: \_\_\_\_\_

Resident Name: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Description of Requested Modification: \_\_\_\_\_

**HANDICAPPED RAMPS MUST COMPLY WITH ADA GUIDELINES**

**The following documents must accompany this request:**

- \_\_\_\_\_ Copy of Manufacturer Brand Name and Warranty Information
- \_\_\_\_\_ Contractor's Insurance Certificate from the contractor's insurance company with Co-Op as the Certificate Holder
- \_\_\_\_\_ Contractor's current State of New Jersey license

Contractor's Name (performing request) \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone Number: \_\_\_\_\_

**IMPORTANT, PLEASE READ BELOW:**

- **Approval for building/alterations must first be obtained from Village Four.**
- **All additions and/or alterations are the responsibility of the unit owner.**

**\*ONLY ALUMINUM RAMPS PERMITTED / NO WOODEN RAMPS\* \***

\_\_\_\_\_ Initial (I) (We), the undersigned unit owner/s, accept the responsibility for any damage resulting from or caused by this installation.

\_\_\_\_\_ Initial (I) (We), understand and agree that all damages will be repaired or replaced at the contractor's cost.

\_\_\_\_\_ Initial (I) (We), understand and agree that any work performed by an outside contractor is the responsibility of the resident and the contractor.

Crestwood Village Co-Op Four, Inc. is not responsible for faulty workmanship, or warranties for the product and performance of such installation. **Please refer to your Rules and Regulations, pages 8-11, BUILDINGS. Also, Article VIII – ALTERATIONS, page 21 of the By-Laws.** Please be advised that advertising by the contractor is not allowed to be placed on the grounds (i.e. signs), except on the contractor's own vehicle.

\_\_\_\_\_  
**Resident's Signature**

\_\_\_\_\_  
**Date**

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Please return this completed application to:

**Crestwood Village Co-Op Four, Inc.**  
**Independence Hall**  
**15 E Moccasin Drive**  
**Whiting, NJ 08759**

**If you have questions, please contact the Co-Op office at 732-350-0230.**

**The Co-Op FAX number is: 732-350-6930.**

**Co-Op Management Use:**

Date Received: \_\_\_\_\_ Date Forwarded On: \_\_\_\_\_

Reviewed by Maintenance: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Maintenance Supervisor

**Board of Trustee Use:**

Approved:

This modification request is hereby APPROVED, subject to all the terms contained herein and in the governing documents.

ATTEST: \_\_\_\_\_  
Signature and Board Title Date

ATTEST: \_\_\_\_\_  
Signature and Board Title Date

**Board of Trustee Use:**

Denied:

This modification request is hereby DISAPPROVED, subject to all the terms contained herein and in the governing documents.

ATTEST: \_\_\_\_\_  
Signature and Board Title Date

ATTEST: \_\_\_\_\_  
Signature and Board Title Date