



# WINDOWS

## CRESTWOOD VILLAGE CO-OP FOUR, INC. Application for Architectural Modification - Windows

**\*\*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: \_\_\_\_\_

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

- \_\_\_\_\_ Copy of Manufacturer Brand Name and Warranty Information
- \_\_\_\_\_ Contractor's Insurance Certificate (if not already on file, must be Faxed to the Co-Op office 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: REQUIREMENTS FOR WINDOW REPLACEMENT**

**ALL WINDOWS FRAMES MUST BE WHITE AND MUST CONFORM TO THE ORIGINAL OPENINGS. NO BOW OR BAY WINDOWS ARE ALLOWED. WHEN REPLACING THE WINDOWS, "J" CHANNELS MUST BE USED.**

- 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**

**WINDOWS**

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

**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