



GARAGE DOORS

CRESTWOOD VILLAGE CO-OP FOUR, INC

Application for Architectural Modification – Garage Doors

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

Date: _____ Resident Phone Number: _____

Resident Name: _____

Resident Address: _____

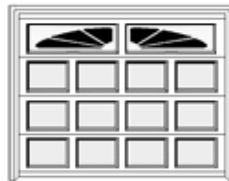
Mailing Address (if different from above): _____

Description of Requested Modification: **Installation of a new WHITE garage door**

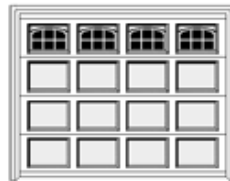
Several Models of Windowed Doors are shown below. Please indicate Which Model Door You Will Be Installing. **Door with no windows are an option also. If not shown below, please attach a photo.** **NOTE: IF YOU ARE REPLACING ORIGINAL FIBERGLASS DOORS, please notify maintenance for pickup of the original doors.**



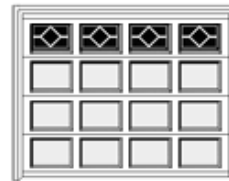
Sunburst 4 Panel



Sunburst 2 Panel



Cascade



Waterton



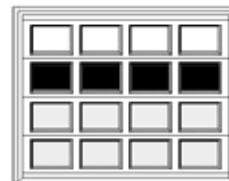
Colonial



Cathedral



Sherwood



Standard

The following documents must accompany this request:

_____ Contractor's Insurance Certificate naming Crestwood Village Co-Op Four, Inc. as Certificate Holder.

_____ Contractor's current State of New Jersey license

Contractor's Name (performing request): _____

Contractor's Address: _____

Contractor's Phone Number: _____

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. 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.

COMPLETED FORMS MAY BE EMAILED TO DIANE MARCHINETTI, RESIDENT COORDINATOR, AT diane@crestwoodvillagefour.com.

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