



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 (with Crestwood Village Co-Op Four, Inc., 15E Moccasin Drive, Whiting, NJ 08759 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