

WINDOW REPLACEMENT

REQUEST FOR MODIFICATION APPROVAL

Name: _____ Phone: _____

Address: _____

NATURE OF MODIFICATION (Describe in detail, using additional sheets and/or sketches as requested):

WINDOW REPLACEMENT REQUIREMENTS

1. All formulated treatments to the glass to limit sunlight damage are acceptable, but there can be no glue or dark applications.
2. All windows being replaced will be the same size as original. No casement windows are allowed.
3. Window frame exterior color will need to match Oakbrook specs and can be obtained at a local vendor: Dillman & Upton at 607 Woodward Rochester, MI 48307 (248) 651-9411 phone.
Building Color – Oakbrook Exterior Cabot Stain off-white gallon
4. The following contractors have already been approved for installation of windows:
 - General Construction
 - Andersen Windows – Prairie Grass
 - Wallside Windows - Almond
 - Hanson Windows – Camel/Beige on Beige
5. Should you choose to purchase your own windows, the Association recommends you use General Construction to install the windows. General Construction is aware of the Association's requirements and color schemes. Their insurance is already on file.
4. If you choose to use your own contractor, when submitting your request for windows **you must** include:
 - Contractors name, address, contact number.
 - Contractors liability and workers compensation insurances; builder's license number.
 - Completed work will be inspected.
5. Window and trim boards must be fully caulked.

If approved, modification will be started on: _____

Contractor Name: _____

Contractor Phone: _____

Anticipated date of completion: _____

All appropriate permits and City/Township inspections must be obtained by the Co-owner.

No modification shall commence without prior Board approval. An inspection of the completed modification shall be conducted by the Board of Directors to insure compliance with all appropriate ASSOCIATION restrictions and with reasonable standards of quality and aesthetics. All maintenance, repairs and/or replacement of modification becomes the responsibility of the Co-owner and subsequent Co-owner(s).

Co-owner's Signature: _____ Date: _____

This modification request has been evaluated by the Board of Directors and is:

ACCEPTED _____ with the following restrictions: _____

REJECTED _____ due to: _____

Board of Directors' Signature: _____

PLEASE SEND YOUR COMPLETED WINDOW MODIFICATON REQUEST DIRECTLY TO THE HIGHLANDER GROUP AT dvalverde@highlandergroup.net.

Thank you.