

**STREAMWOOD ESTATES
REQUEST FOR MODIFICATION APPROVAL**

Name: _____ Phone: _____

Address: _____

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

(Check all items that are applicable)

Modification will affect the following:

Exterior	_____	Interior	_____
Landscaping	_____	Other	_____

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 ensure 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), excluding tree and shrubs after the 1st year.

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: _____ Date: _____