



Willoway Condominium Association

801 West Long Lake, Bloomfield, MI 48302

Modification Request (Page 1 of 2)

This form is required for ALL modifications to the exterior and interior of a Unit. This form is not required for interior painting/wallpaper, interior doors, window coverings and appliances. If in doubt please contact AMI Management BEFORE beginning work.

Date of request _____ Date you would like to begin work _____

Modification Approval is valid for 90 days from the date of Board approval. If work is not completed within the 90 day period, Board approval is required to continue work.

Unit # _____ Co-owner name _____

Co-owner address (if different from Unit) _____

Co-owner contact # _____

Name and emergency contact # (Someone with access to the Unit in case of emergency)

Name and contact # of person/company doing the work _____

REQUESTED MODIFICATIONS:

- | | |
|---|--|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> HVAC (Heating, Ventilation, Air Conditioner) |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Common/Limited Common Area (basement, storage unit, landscape, structural, exterior, patios, porches) |
| <input type="checkbox"/> Floors | <input type="checkbox"/> Seasonal plantings/furniture on Common Area |
| <input type="checkbox"/> Doors (Unit entry/Storage) | <input type="checkbox"/> Water shut-off to building |
| <input type="checkbox"/> Windows | <input type="checkbox"/> New electrical wiring |
| <input type="checkbox"/> Temporary dumpster | |
| <input type="checkbox"/> Other _____ | |

EXPLANATION OF MODIFICATIONS: (Please list plans for the project - gut job, tub/shower replacement, plumbing, electrical, remove carpet/refinish hardwood floors, new furnace, patio alterations, planting, etc.)

Construction debris (including carpet, appliances and furniture) CANNOT be placed in the WCA dumpsters. Please consider donating sinks, cabinets, countertops, etc to a charity such as Habitat Re-Store, Veterans organizations or Salvation Army. If you require a temporary dumpster for construction debris, please request above.

Construction Hours are Monday-Friday 8:00 AM-6:00 PM, Saturday 9:00 AM-5:00 PM, Sunday with Board approval. Failure to abide by these hours may result in a violation notice/fine and a possible "stop work" order.



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WATER SHUT-OFF/ELECTRICAL WIRING:

I anticipate this job will require water shut-off at the main valve of the building.

No Yes: **Water shut-off is limited to 3 hours maximum**—enough time to install shut-offs for plumbing fixtures within the Unit. If more time is required, AMI MUST be notified immediately.

Modifications requiring water shut-off at the main building line MUST be done by a Willoway Contractor. Please notify AMI (800-821-8800) at least 72 hours (3 days) before you need the water shut-off and arrangements will be made for the Willoway Contractor to meet your contractor on-site. You will be required to post signs on the main doors of the building(s) affected by the water shut-off at least 24 hours prior to shut-off.

This job requires new electrical wiring to be placed.

No Yes: Where? _____

Co-owner is responsible for any damage as a result of water shut-off or new electrical wiring and any plumbing or wiring that does not meet code requirements. A Willoway Contractor will correct the issue and the cost will be charged back to the Co-owner.

PERMITS PULLED WITH BLOOMFIELD TOWNSHIP:

N/A (If you are unsure about the need for a permit, please contact Bloomfield Township at 248-433-7700.)

Yes _____

If proper permits are not pulled and inspections performed, Willoway Condominium Association is entitled to request the proper inspection with all resulting costs to be added to the Co-owner's account.

Please read the following closely before signing:

1. All applicable codes and regulations will be followed and all necessary permits will be obtained at my expense.
2. I have read all applicable sections of the Bylaws and understand the same.
3. All maintenance to this modification will be performed at my expense.
4. I understand that, should any legal regulatory agency require, at any time in the future, modifications to this variance, they will be done at my expense.
5. I will pay any maintenance costs incurred by the Association as a result of this modification.
6. I understand it is my responsibility to advise future assigns or Co-owners of this Unit of their responsibility for this modification.
7. I hereby certify all of the above information is truthful and accurate.

Signature of Co-owner _____ Date _____

Please return this completed form to Willoway c/o Jim Dafoe, AMI Management, 47200 Van Dyke Avenue, Shelby Twp, MI 48317; jdafoe@amicondos.com

Approved _____ Date _____