THE TIVOLI AT CARDINAL FOREST CONDOMINIUM OWNERS ASSOCIATION

c/o National Realty Partners LLC 365 Herndon Parkway, Suite 106, Herndon VA |20170 **Office:** 703-435-3800

REQUEST FOR MODIFICATION

* Both pages of the application must be completed *		Date:	
Record Owner(s):		Phone:	
Property Address:			
Mailing Address (if different):			
<u>Descript</u>	ion of Modification Re	<u>quested</u>	
Please complete the appropriate section(s)):		
<u>Request 1</u> : Please fill out applicable sect Please use a separate sheet if		<u>required</u> .	
Request:			
Dimensions:	Color:	Material:	
Other Specifics:			
<u>Request 2</u> : Please fill out applicable sect Please use a separate sheet if		<u>required</u> .	
Request:			
Dimensions:	Color:	Material:	
Other Specifics:			
<u>Request 3</u> : Please fill out applicable sect Please use a separate sheet if		<u>required</u> .	
Request:			
Dimensions:	Color:	Material:	

Other Specifics:

Further Requirements

<u>All exterior and interior changes / replacements / modifications must be applied for</u>. The Association is not responsible for omissions or errors by the applicant. The applicant shall describe the variance in full. *The Board will not review the applicant's contract or contractor estimate to determine the variance requested*. Nothing herein contained shall be construed as a waiver or modification of any restrictions. <u>Any changes / replacements completed without / outside of approval may be subject to removal at the owner's expense</u>.

All proposed improvements must meet local building and zoning codes. Application for local building permits is the applicant's responsibility. Alterations to building must be made in accordance with the Condominium Association documents.

The Association assumes no responsibility for any damage to person or property resulting from or related to any change to a unit. Per the Association documents, this application will be processed within **sixty (60) days** of the date it is received by the *Association's Board members*.

The undersigned understands and agrees that no work on this request shall commence until written approval of the Board has been received. The undersigned has read and understands the applicable provisions of the Virginia Condominium Act, the Association documents, and the provisions of this application in regard to property changes.

Signature(s) of Record Owner(s)		Date	
** Pleas	e return this application to t	he address at the TC)P of this form **
* * * * * * * * * * *	* * * * * * * * * For Board of Di	rectors Use Only ****	* * * * * * * * * * * * * * * * * *
Date:	Application Number:	Reviewed by:	
Approved:	Approved with Conditi	on(s):	Denied:
Board of Directors Sig	gnature:		
Stipulations / Condition	ons:		