## ARCHITECTURAL REVIEW COMMITTEE REQUEST FOR MODIFICATION Livingston Lakes Condominium Association, Inc.

The above request f ( ) DISAPPROVE ( ) APPROVED ( ) APPROVED N  DATE:	or modification to Unit/Lot# has been: ED  WITH THE FOLLOWING CHANGES CHAIRPERSON ARC BOARD OF DIRECTORS:	
The above request f ( ) DISAPPROVE ( ) APPROVED ( ) APPROVED \	WITH THE FOLLOWING CHANGES	
The above request f ( ) DISAPPROVE ( ) APPROVED	ED	
**********		
Owner(s) Signature(s):	Phone No.:	
Use additional sheet	s if necessary and photos of the scope of work.	
Upon approval of my request for this modification, I/We will assume all Liability for any damage incurred as a result of this modification as well as any additional maintenance costs that may be incurred now and in the future. I/We also agree to obtain any permits that may be required by any and all governmental agencies for this modification will be solely an owner responsibility and the outcome of any improvements.  Attached find the following additional information:  A sketch, including the dimensions, of the proposed modifications.  The location of the modification.  Color samples, if applicable.  Certificate of Insurance from contractor and license, if applicable.		
	Modification Request:	
Modification Reques	<b>+</b> ·	

email: manager@livingstonlakescondo.com