

**VICTORIA PARK PLACE
CONDOMINIUM ASSOCIATION
MODIFICATION REQUEST FORM**

* * * PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM FIRST * * *

Name: _____ Phone: _____

Address: _____ Unit Number: _____

Modification Requested: _____

Modification to affect: _____ (check applicable items)

Exterior Appearance: _____ Structure of Unit: _____ Landscaping: _____

If approved, Modification will be started on: _____

Contractor Name and Phone number: _____

1. License Number: _____
2. Insurance Policy Carrier and Number: _____
3. Does it conform to Local City Codes: _____
4. Date of Application for Permit: _____
5. Building Permit Number: _____

Anticipated Completion Date: _____

Neighbor's Endorsements: _____
NAME ADDRESS

NAME ADDRESS

Co-owners Signature: _____ Date: _____

BOARD ACTION

This Modification Request has been review by the Board of Directors and is:

ACCEPTED: _____ with the following Conditions: _____

REJECTED: _____ due to: _____

For the Board of Directors: _____ Date: _____