Application for Exterior Change- Clusters

Once completed, mail, email, or fax to: Burlington Property Services, 6 Terri Lane, Suite 300, Burlington, NJ, 08016, Phone: 609-694-5444, Fax: 609-845-1432, Email: bo@burlprop.com

Name:	
Address:	***************************************
Home Phone:	Best phone # to reach you:
Email Address:	
hereby make application to make t guidelines outlined in the Rules an applicable). Use additional paper i	n of Covenants, Conditions and Restrictions of CLIFTON MILL, I the following alteration to my property as described below per association and Regulations. Please be as specific as possible and include color (if n needed. Examples: Install deadbolt and kick plate to front door; clanting bed 2 ft on both sides of walk.
For Vinyl Fences, neighbors addre	ess and signature of approval:
Neighbor 1:	; Neighbor 2:
Contractor's name, address and ph	none number:
Date work (if approved) would be	scheduled to begin:
naming "Name of Association" at	ne Association with a Certificate of Insurance from your contractor Clifton Mill and your name and full address as additionally insured in the d form and a copy of you permit (s) PRIOR to the commencement of
	rty survey with sketch, 2) Contractor's detailed proposal, drawn to ontractor's business license, and 3) Certificate of Insurance
comply with applicable building or	nis project does not waive the necessity to obtain township permits or r zoning codes and that failure to obtain necessary permits will granted. Bordentown Township requires written approval of ECO from a be obtained.
requesting the approval. By execu good repair and certify that the wo accept full responsibility to any da disturbed or damaged during this a Approved applications must hav	stalled, the above described is the sole property of the unit owner uting this alteration, I accept that all responsibility for its maintenance and ork will be done by qualified licensed personnel. I as the homeowner will image done to the irrigation system or any other common property that is alteration. The work performed within 12 months of date of approval. Work must be intained from the approved change will be removed at homeowner's
Signed:	Date:
	For Office Use Only
Date Revd by Mgmt:	Forwarded to Board: Approved:
Approved, subject to:	
Disapproved:Rem	narks/Reason for Disapproval:

All information submitted becomes the property of the Homeowners Association and will be put in the Homeowners file.