

**Application for Exterior Change- Commons**

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: \_\_\_\_\_

In accordance with the Declaration of Covenants, Conditions and Restrictions of CLIFTON MILL, I hereby make application to make the following alteration to my property as described below per association guidelines outlined in the Rules and Regulations. Please be as specific as possible and include color (if applicable). Use additional paper in needed. *Examples: Install deadbolt and kick plate to front door; Landscaping-add pavers, extend planting bed 2 ft on both sides of walk.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Vinyl Fences, neighbors address and signature of approval:

Neighbor 1: \_\_\_\_\_; Neighbor 2: \_\_\_\_\_

Contractor's name, address and phone number: \_\_\_\_\_

\_\_\_\_\_

Date work (if approved) would be scheduled to begin: \_\_\_\_\_

**Please Note:** You must provide the Association with a Certificate of Insurance from your contractor naming "Name of Association" at Clifton Mill and your name and full address as additionally insured in the Certificate Holder box of the Acord form and a copy of you permit (s) **PRIOR** to the commencement of any work beginning.

**Required Documents: 1) property survey with sketch, 2) Contractor's detailed proposal, drawn to scale, with a photocopy of the Contractor's business license, and 3) Certificate of Insurance**

I understand that the approval of this project does not waive the necessity to obtain township permits or comply with applicable building or zoning codes and that failure to obtain necessary permits will automatically void this approval if granted. Bordentown Township requires written approval of ECO from the Association before permits can be obtained.

If this request is authorized and installed, the above described is the sole property of the unit owner requesting the approval. By executing this alteration, I accept that all responsibility for its maintenance and good repair and certify that the work will be done by qualified licensed personnel. I as the homeowner will accept full responsibility to any damage done to the irrigation system or any other common property that is disturbed or damaged during this alteration.

**Approved applications must have work performed within 12 months of date of approval. Work must be completed as approved; any deviation from the approved change will be removed at homeowner's expense.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **For Office Use Only** \_\_\_\_\_

Date Rcvd by Mgmt: \_\_\_\_\_ Forwarded to Board: \_\_\_\_\_ Approved: \_\_\_\_\_

Approved, subject to: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Remarks/Reason for Disapproval: \_\_\_\_\_

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