|  |  |  |  |
| --- | --- | --- | --- |
| Homeowner’s Name |  | Address |  |
| Email Address |  | Phone No. |  |
| Date Submitted |  | Date approved |  |
| Contractor’s Name |  | Phone No. |  |
| Contractor’s License # |  |  |  |
| Email Address |  |  |  |
| Brand |  | Model No. |  |
| Location in the home |  | Project Start Date |  |
|  |  |  |  |

**MOD/REPLACEMENT** **MODEL BRAND** **LOCATION**

**WINDOWS**

**Must be type used for New Construction flange mounting fins see installation specifications**

**Must follow Seaview’s approved installation & documentation guidelines**

**Harvey Classic**

**OKNA Windows 8, Insul – Tec 500 Series, All County Exteriors**

**Castle Windows – Barrington series DH 7**

**MI 1600 Series – Window Rama, Eatontown**

**Sliding Glass Door(s) Must be type used for New Construction flange mounting fins see installation specifications.**

**M1 series 1600 window Rama 🞏**

**Andersen 200 Pema Shield Series 🞏**

**Pella 250 Series 🞏**

**Marvin Essential sliding door Fiberglass 🞏 or vinyl 🞏**

STORM DOORS Full panel, clear glass or full screen, grey border, and brass / black handle

Anderson 3000 Full View **🞏**

Anderson 4000 Full View **🞏**

LARSON Tradewinds Selection Graphite Aluminum storm door retractable screen 156 Easy Vent XTR with hidden closer

**🞏**

**Garage door Clopay Flush 🞏 Raynor Flush 🞏**

**Skylights Velux 🞏**

**Exterior Light Fixture(s)** Kichler 48861-BK Mill Lane 16" Black Finish, Kichler 49960-BK Mill Lane 10" Black Finish

**Front Door(s)**

**Therma-Tru Fiberglass Single w/upper glass/crystalline (2 story ONLY)**

**Terma-Tru Fiberglass Double door**

**Therma-Tru Fiberglass Single W/sidelight**

Scope of work details:

**Required Attachments:**

1. Appropriate brochure.✓
2. Technical information: performance spec sheet, Submittal Sheet, dimensional drawing✓
3. Contractor’s certificate of insurance, (both plumbing and electrical if different)✓
4. Drawing of work to be done with measurements and exact location, photographs, etc. (spec sheet provided)

*The effective date of application is that date on which the Property Manager has verified that a complete application, with all information and required attachments has been submitted. Incomplete applications will not be acted upon until all information is received. A completed application submittal could take up to 14 business days to be reviewed.*

***Work can start only if the modification request is approved and signed off by the Property Manager and the Board.***

You may be contacted by an architect committed member; who reviews all applications for these types of projects.

Your cooperation is appreciated.

It is the responsibility of the homeowner to ensure that all work is completed in accordance with specifications, rules & regulations and approvals or conditions of this application. If the complete project is not in accordance with specification and rule. The board has the right to take actions for corrective measure at the owner’s expense and could receive a HOA financial fine.

**Contractor Name: Phone Number:**

**Email Address: Address:**

**Homeowner:**

I have read the specifications and rules & regulations related to modification requests and understand the requirements. I agree to comply with all requirements.

Homeowner Signature: Date:

ACM review signature. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Mgr. Signature: Date:

Board Approval: Date: