

Exhibit B: Modification Request Form

SUN RIDGE OWNERS ASSOCIATION

5 Sun Ridge Drive Flemington, NJ 08822

Phone: 908-237-0994

Fax: 908-237-0995

**APPLICATION TO ARCHITECTURAL CONTROL COMMITTEE
ANY ALTERATION/ IMPROVEMENT PLANNED BY THE HOMEOWNER MUST BE PRESENTED TO THE
ARCHITECTURAL CONTROL COMMITTEE FOR APPROVAL**

Date: _____

Name: _____

Unit Address: _____

Phone Number: _____

Owner Address (if different from above):

Please indicate unit type:

Single Family _____ Townhome _____ Condominium _____

Please indicate type of Modification/Addition being requested (only one type per form):

Attic Fan _____ Deck _____ Driveway Extension _____

Entrance Door _____ Exterior Outlet _____

Exterior Lighting _____ Fence _____ Garage Door _____

Hot Tub/Spa _____ Landscape Enhancement _____ Lights _____

Radon Remediation _____ Roof Replacement _____

Satellite Dish _____ Service Walk _____ Storm/Screen Door _____

Window _____ Exterior Vent _____

Other (please specify) _____

Please answer the following questions in the space provided:

Anticipated Start Date: _____ Completion Date: _____

Permit Required: _____

Material Specifications:

Please be as specific as possible and preferably attach drawing/plan, brochure, and/or color sample

Any application that does not include, where required, the necessary documents (i.e. plan, color sample, contractor's certificate of insurance or maintenance agreement) shall be deemed incomplete and will not be reviewed until everything required is received.

DATE

SIGNATURE OF OWNER

DATE

SIGNATURE OF OWNER (if different)

DATE

**SIGNATURE OF CONDOMINIUM OFFICER
(If applicable)**

THERE ARE NO "AUTOMATIC" APPROVALS