

Edison Glen Condominium Association
MODIFICATION FORM

PLEASE PRINT

DATE: _____

UNIT OWNER NAME: _____

UNIT OWNER ADDRESS: _____

PHONE: (Home) _____ (Business) _____

DESCRIPTION OF REQUEST: Please include drawing or design, style of door, window, etc...

Contractor Information:

Contractors Name: _____

Address: _____ Phone: _____

Contractor's Current Certificate of Insurance, naming Edison Glen Condominium Association as additional insured, must be attached to this application.

I (we) hereby agree that the above described work will be done at the above address at my (our) expense and that I (we) will hold the Edison Glen Condominium Association harmless from any damage to person (s) or property as a result of this work. In addition, any damage to the common elements caused by or as a result of this work will be promptly repaired or replaced by me (us.)

A plan and details of the proposed work is attached. If the work or any part thereof requires the obtaining of a permit(s) from Middlesex Township, it shall be my (our) responsibility to obtain the appropriate permit(s), which will be submitted to the Association prior to the commencement of work for record purposes.

I (we) hereby agree that no work will commence without prior written approval by the Edison Glen Condominium Association.

Please Print Name: _____

Signature: _____

For Office Use Only

Approved: _____ Denied: _____ Date: _____

Please return, mail or fax the completed form to: Edison Glen Condominium Association, 1304 Edison Glen Terrace, Edison, NJ 08837 Fax: 732-205-1542