

# HILLTOP AT HIGH BRIDGE HOMEOWNERS ASSOCIATION, INC.

C/O ACCESS PROPERTY MANAGEMENT • 4 Walter E. Foran Blvd., Suite 311 Flemington, NJ 08822  
Tel 908-806-2600 • Fax 908-806-7383 • E-Mail: vrobitzski@accesspm.com

## MODIFICATION REQUEST FORM

In accordance with the Declaration of Covenants, Conditions and Restrictions, the By-Laws, and the Rules and Regulations of the Hilltop at High Bridge Homeowners Association, Inc., I hereby apply for permission to make the following alteration to the premises as described below:

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_(h)

Address \_\_\_\_\_ Phone \_\_\_\_\_(w)

Home Address (if different than above) \_\_\_\_\_

### EXPLANATION OF REQUEST:

Nature of Modification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS \_\_\_\_\_

**ⓈNote: Please attach any appropriate drawings indicating design and appearance. A copy of your lot survey showing the location of any proposed modification must be included. Also list materials to be used, including color, and any other pertinent information that may be required by the appropriate rules. All required city permits are the responsibility of the applicant.**

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

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

→ Mail request form with supporting documents to your Property Manager per the address above.

\*\*\*\*\*

### FOR OFFICE USE ONLY

Date to ACC: \_\_\_\_\_ Date of Letter to H.O.: \_\_\_\_\_ \*\*Sign-Off Date: \_\_\_\_\_

Conditions for Approval or Reasons for Denial:

\*\*Please note: Project must be completed 6-months from Sign-Off Date above.)

BOARD DECISION: APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

BOARD SIGN-OFF: \_\_\_\_\_