

**297 CONDOMINIUM OWNER ASSOCIATION  
REQUEST FOR MODIFICATION APPROVAL**

Date Submitted: \_\_\_\_\_ (allow one week for approval)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Address (if not a resident of the condominium)

\_\_\_\_\_

NATURE OF MODIFICATION (Describe in detail, using additional sheets and/or sketches as necessary):

\_\_\_\_\_

\_\_\_\_\_

Attach details on the materials and methods to be used in the modification.

(Check all items that are applicable)

Modification will affect the following:

Exterior Appearance \_\_\_\_\_

Limited Common Elements \_\_\_\_\_

Ex: fireplace or flue  
deck  
heat pump  
interior surface of  
perimeter wall

Structural Parts of Unit \_\_\_\_\_

General Common Elements \_\_\_\_\_

Ex: electrical wiring  
telephone or cable wires  
plumbing  
windows, doors, ceilings, floors,  
perimeter wall materials,  
common areas of building

If approved, the modification will start on: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_

Anticipate Completion Date: \_\_\_\_\_

Attach a copy of all Proposals, Estimates, and Contracts between you and the Contractor.

Please read the following closely before signing:

1. The actual construction must be performed by a licensed contractor who is insured. All applicable codes will be followed, and the co-owner will obtain all appropriate permits and/or City Inspections at the co-owner's expense.
2. I/We have read all applicable sections of the Bylaws and Rules/Regulations of the Condominium and understand them.
3. All maintenance, repair, replacement and insuring of this alteration/variance/modification will be performed at co-owner's expense.
4. I/We understand that, should any legal regulatory agency require, at any time in the future, changes to this modification, they will be done at co-owner's expense.
5. Any maintenance costs incurred by the Owners Association as a result of this modification will be paid by the co-owner.
6. This alteration/variance/modification is subject to all the requirement of the Bylaws, Rules/Regulations, and other applicable decisions of the Condominium.
7. I/We understand it is my responsibility to advise future assigns or co-owners of this unit of this modification and of their responsibility for same.
8. Co-owner will be responsible for any damages to common elements due to modification, whether damage occurs during or after the modification is made.
9. If included in the Approval from the Board of Directors as a requirement, an agreement setting forth these obligations that will be recorded with the Register of Deeds against the title of the unit.  
The signing of that agreement and payment of the filing fees (now \$17.00) will be a precondition to any Approval by the Board.
10. Any approval by the Board of Directors will set forth requirements for inspection of the modification process by the Board representative. Co-owner agrees to give access to the Board representative according to the inspection criteria in the Approval.

11. Co-owner agrees to immediately notify the Board of Directors if any changes are made to the information presented here regarding the modification.

Co-owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

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COMPLETED REQUEST FORM MUST BE DELIVERED TO 297  
CLAY CONDOMINIUM OWNERS ASSOCIATION, INC. 297 W.  
CLAY AVENUE #500  
MUSKEGON, MI 49440

**NO WORK SHALL COMMENCE UNTIL WRITTEN APPROVAL IS  
RECEIVED BY CO-OWNER**

This modification request has been evaluated by the Board of Directors and is:  
**APPROVED** \_\_\_\_\_ with the following conditions: \_\_\_\_\_

\_\_\_\_\_

The modification shall be inspected by the Board representative at each of the following points in the process before the any further work is undertaken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REJECTED** \_\_\_\_\_ due to the following reasons: \_\_\_\_\_

\_\_\_\_\_

RECORDABLE MODIFICATION AGREEMENT REQUIRED: \_\_\_\_\_ Yes \_\_\_\_\_ No

For the Board of Directors: \_\_\_\_\_

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

**CONDOMINIUM UNIT MODIFICATION AGREEMENT**

This Agreement made between the 297 Clay Condominium Owners Association, Inc., 297 W. Clay Avenue #500, Muskegon, MI 49440 and the Co-owner(s) of Unit \_\_\_\_\_ of the 297 Clay Condominium:

\_\_\_\_\_ (Co-owner)  
\_\_\_\_\_ (Co-owner)

Whose mailing address is:

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

Property Tax Parcel ID 61-24-138-000-0XXX-00

The parties agree that Co-owner(s) may undertake certain modification/alteration/variance to the Unit within the Condominium identified above under the conditions set forth in the Request for Modification approved by the Board of Directors on \_\_\_\_\_, 20\_\_.

The approval of the modification was contingent upon Co-owner(s) agreement that future holders of an interest in the Unit shall be responsible for certain liabilities and maintenance requirements as set forth in the approved Request for Modification.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Co-owner(s):

297 Clay Condominium Owners Association, Inc.,  
a Michigan not-for-profit corporation

Printed: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

Printed: \_\_\_\_\_

One of Its Directors

Printed: \_\_\_\_\_  
\_\_\_\_\_

State of Michigan     )  
                                  )ss  
County of Muskegon    )

Personally, signed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, a Director of 297 Clay Condominium Owners Association, Inc., a

Michigan not-for-profit corporation, personally known to me.

\_\_\_\_\_  
Notary Public

In and for Muskegon County, Michigan

My Commission Expires on \_\_\_\_\_

This document prepared by & to be returned to:  
297 Clay Condominium Owners Association, Inc.  
297 W. Clay Avenue #500  
Muskegon, MI 49440  
231-722-4619