



1 WATERMAN LANE
 HILLSBOROUGH, NJ 08844
 TEL: 908-359-1102
 FAX: 908-359-1105

MODIFICATION REQUEST FORM

Association Name Hearthstone @ Hillsborough Community Date: _____
 Applicant Address: _____
 Applicant Phone: _____ E-Mail: _____

In accordance with the requirements of the Public Offering Statement & Rules and Regulations of the Association, I hereby request approval of the following modifications. (Describe here in detail the modification request **please print**)

Proposed Start Date: _____ Proposed Finish Date: _____
 Contractors Name: _____
 Contractors Address: _____
 Phone: _____ DCA License # _____

All contractors to provide Certificate of Insurance naming the Association as an additional insured.
 The materials used and the color will conform with the existing materials and colors. Any deviations from same should be brought to the Board's attention immediately.

Date: _____ Signature of all Owners: _____

Note: Attach appropriate sketches or drawings and description of work to be done. Indicate materials to be used, color and other pertinent information including name and telephone number of contractor. A Restrictive Covenant form must also accompany this application. All modifications and any damages caused by the modification becomes the sole responsibility of the homeowner(s).

ARCHITECTURAL COMMITTEE ACTION

Your request is: [] APPROVED [] DISAPPROVED (For the following reasons)
 Date: _____ Signature: _____

FOR COMMITTEE USE ONLY

Final Inspection Date: _____ Application # _____
 ARC Member Signature: _____
 Trustee Signature: _____