



# INVERRARY CONDOMINIUM ASSOCIATION

## ALTERATIONS & ADDITIONS APPLICATION

HOMEOWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

DIMENSIONS: \_\_\_\_\_ SUPPLIER: \_\_\_\_\_

APPROXIMATE COST: \_\_\_\_\_ J.U.L.I.E. DIG #: \_\_\_\_\_

**PLEASE BE SURE THIS ADDITION CONFORMS WITH ANY REQUIREMENTS SET FORTH BY THE VILLAGE, COUNTY, STATE, ETC. AND THAT ANY NECESSARY PERMITS HAVE BEEN OBTAINED PRIOR TO INSTALLATION.**

**A SKETCH OF ALL IMPROVEMENTS, INCLUDING SATELLITE DISHES; MUST BE ATTACHED TO THIS APPLICATION TO SHOW LOCATION AND DIMENSION RELATIVE TO EXISTING STRUCTURES.**

**AS OF THE APPROVAL DATE OF THIS ALTERATION, I ACCEPT FULL RESPONSIBILITY FOR THE ALTERED AREA AND WILL MAINTAIN IT IN A SAFE AND PRESENTABLE CONDITION.**

CONDITIONS: I agree to restore the affected area to its original prior to alteration condition at the time I sell my home before I am issued a closing letter from the Association (if required).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR INTERNAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ BY: \_\_\_\_\_

REASON FOR DISAPPROVAL: \_\_\_\_\_

FINAL INSPECTION BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Date copy supplied to owner: \_\_\_\_\_ Sent via: Email Fax US Mail

**PLEASE RETURN TO:**

Inverrary Condominium Association  
c/o Lieberman Management Services, Inc.  
25 Northwest Point Blvd, Ste. 330  
Elk Grove Village, IL 60007

Fax: 847-459-3003

Email: Service@lmsnet.com