	YORK PLACE HOMEOWNERS ASSOCIATION	info@yorkplacesub.org
	PO BOX 618	
	SALINE, MI 48176	

**YORK PLACE HOMEOWNER ASSOCIATION**  
*Alteration / Modification Request Form*

Please fill out this form if your proposed alteration/modification meets one or more of the following:

- ◆ If you are required to apply for a permit from York Township
- ◆ If modifications or alterations affect the exterior to your house
- ◆ If Architectural Guidelines state prior approval is needed

Date: \_\_\_\_\_ Owner Telephone #: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

REQUESTED MODIFICATION: \_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

Work will be performed by whom: \_\_\_\_\_

Please attach a copy of the modification plan (such as documents submitted to the township, drawings supplied by your contractor, product brochures, etc) Please also attach a copy of your mortgage survey, clearly showing the position of the proposed modification in relation to your home and lot.

Number of attached pages: \_\_\_\_\_

	YORK PLACE HOMEOWNERS ASSOCIATION	BOARD@YORK-PLACE.ORG
	PO BOX 618	
	SALINE, MI 48176	

**YORK PLACE HOMEOWNER ASSOCIATION**  
***Alteration / Modification Request Form***

Please read the following Rules & Regulations closely before signing below:

1. No modification may occur outside your property line.
2. Construction safety is the homeowner's responsibility. All applicable codes and regulations must be followed. Any necessary permits will be obtained at the homeowner's expense prior to the start of construction.
3. All maintenance to this alteration/variance/modification must be performed at the homeowner's expense.
4. Any costs incurred by the Association or by a legal regulatory agency as a result of this work being performed will be the responsibility of the homeowner.
5. This alteration/variance/modification is subject to all the requirements of the By-laws and any other applicable regulations at the Board's discretion.
6. I have read the Association By-laws and am aware of my property easements and restrictions.
7. All of the above information is truthful and accurate.

Signature of Homeowner: \_\_\_\_\_ Date: \_\_\_\_\_

No work shall commence until written approval is received and all work must be completed within one year of approval. Completed form must be mailed or emailed to:

York Place Homeowners Association  
P.O. Box 618  
Saline, MI 48176  
\_\_\_\_\_  
info@yorkplacesub.org

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Not Approved: \_\_\_\_\_

Reason: \_\_\_\_\_