



**WINDOWS**

**CRESTWOOD VILLAGE CO-OP FOUR, INC.**  
Application for Architectural Modification - Windows

**Requests take approximately 2 – 3 weeks for approval**

Date: \_\_\_\_\_ Owner Phone#: \_\_\_\_\_

Resident Name: \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

Description of Requested Modification: \_\_\_\_\_

**The following documents must accompany this request:**

- \_\_\_\_\_ Copy of Manufacturer Brand Name and Warranty Information
- \_\_\_\_\_ Contractor's Insurance Certificate (if not already on file, must be Faxed to the Co-Op office from the contractor's insurance company with Co-Op as the Certificate Holder)
- \_\_\_\_\_ Contractor's current State of New Jersey license
- Contractor's Name (performing request) \_\_\_\_\_
- Contractor's Address: \_\_\_\_\_
- Contractor's Phone Number: \_\_\_\_\_

**IMPORTANT: REQUIREMENTS FOR WINDOW REPLACEMENT**

**ALL WINDOWS FRAMES MUST BE WHITE. THEY MUST CONFORM TO THE ORIGINAL OPENINGS. NO BOW OR BAY WINDOWS ARE ALLOWED. WHEN REPLACING THE WINDOWS "J" CHANNELS MUST BE USED.**

**Initial** (I) (We), the undersigned unit owner/s, accept the responsibility for any damage resulting from or caused by this installation.

**Initial** (I) (We), understand and agree that all damages will be repaired or replaced at the contractor's cost.

**Initial** (I) (We), understand and agree that any work performed by an outside contractor is the resident and the contractor's responsibility.

Crestwood Village Co-Op Four, Inc. is not responsible for faulty workmanship, or warranties for the product and performance of such installation. **Please refer to your Rules and Regulations, pages 8-11, BUILDINGS. Also, Article VIII – ALTERATIONS, page 21 of the By-Laws.**

Please be advised that advertising by the contractor is not allowed to be placed on the grounds (i.e. signs), except on the contractor's own vehicle. **ALL CONTRACTORS MUST REGISTER IN THE CLUBHOUSE OFFICE WHEN WORK STARTS;** failure to do so will revoke their right to work in Village Four.

\_\_\_\_\_  
**Residents Signature**

\_\_\_\_\_  
**Date**

Please Mail to: **Crestwood Village Co-Op Four, Inc.**  
**Independence Hall**  
**15 E Moccasin Drive**  
**Whiting, NJ 08759**

If you have any questions please contact the Co-Op office on 350-0230. The Co-Op FAX number is 350-6930.

**Co-Op Management Use:**

Date Received: \_\_\_\_\_ Date Forwarded On: \_\_\_\_\_

**Board of Trustee Use:**

Disposition:

By a vote of the Board of Trustees on \_\_\_\_\_ we hereby APPROVE this modification request subject to all the terms contained herein and in the governing documents.

ATTEST: \_\_\_\_\_  
Signature and Board Title Date

**Board of Trustee Use:**

Disposition:

By a vote of the Board of Trustees at a meeting duly held on \_\_\_\_\_ we hereby DISAPPROVE this modification request subject to all the terms contained herein and in the governing documents.

ATTEST: \_\_\_\_\_  
Signature and Board Title Date