

MARKET STREET AT TOWN CENTER CONDOMINIUM

Application for Interior Modification

NAME: \_\_\_\_\_ PHONE (H): \_\_\_\_\_

UNIT #: \_\_\_\_\_ PHONE (C/M): \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE (W): \_\_\_\_\_

STIPULATIONS AND CONDITIONS:

1. All modifications must meet the requirements of Fairfax County zoning/building codes.
2. All modifications must meet the requirements of the Bylaws of the Unit Owners' Association of Market Street at Town Center Condominium.
3. The proposed modifications must be constructed/installed according to the approved plans, specifications, and schedule (commenced within 3 months and completed within 6 months of approval date).
4. Proof of insurance for the contractor will need to include Market Street Condominiums as an additional insured entity.
5. Work hours are Monday through Saturday, 9:00 AM to 5:00 PM.
6. Condo and unit entry doors cannot be propped open during renovations.
7. Everything must be contained inside of the Unit. At no time should anything be left in hallways and other common areas, including tools, dollies, carpet, flooring, appliances, furniture, etc.
8. No hallway and other common area electrical outlets may be used for work.
9. Neighbors above and below the Unit must be notified in writing of the dates work will be done.

PROPOSED MODIFICATION: \_\_\_\_\_

\_\_\_\_\_

LOCATION: \_\_\_\_\_

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

MATERIALS: \_\_\_\_\_

STYLE: \_\_\_\_\_ COLOR: \_\_\_\_\_

CONTRACTOR (Name & Address): \_\_\_\_\_

\_\_\_\_\_

ANTICIPATED START DATE: \_\_\_\_\_

ANTICIPATED COMPLETION DATE: \_\_\_\_\_

ATTACH THE FOLLOWING:

1. Drawings, sketches, photographs, and or pictures of the proposed modification.
2. Proof of Contractor's Insurance that includes Market Street at Town Center Condominium as an addition insured entity.

I hereby certify that the information I have provided is accurate to the best of my knowledge. I further certify that, once approved, the proposed modification will be installed according to the approved plans, schedule, and specification.

OWNER'S SIGNATURE: \_\_\_\_\_

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

OWNER'S ADDRESS IF DIFFERENT FROM CONDO PROPERTY ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
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**FOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_ Approved; \_\_\_\_\_ Additional Information Requested; \_\_\_\_\_ Denied

DATE: \_\_\_\_\_ SIGNATURE/POSITION: \_\_\_\_\_

IF ADDITIONAL ACTION REQUESTED, LIST: \_\_\_\_\_

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

DATE RECONSIDERED: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_ Approved; \_\_\_\_\_ Denied

Signature/Position: \_\_\_\_\_