

**APPLICATION FOR GENERAL INSTALLATION/ALTERATION**

NAME \_\_\_\_\_ UNIT # \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ LOT # \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF INSTALLATION/ALTERATION (\*\* Indicates that a City Permit is required)

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| _____ Air Cleaner **             | _____ Floor Covering, Over Hardwood |
| _____ Air Conditioning **        | _____ Humidifier, Furnace Mounted** |
| _____ Basement Bathroom **       | _____ Microwave, Built-in **        |
| _____ Cabinets, Full Bath Vanity | _____ Patio Steps                   |
| _____ Cabinets, Half Bath Vanity | _____ Patio, Poured Concrete**      |
| _____ Cabinets, Kitchen          | _____ Porch Light Replacement       |
| _____ Dishwasher, Built-in **    | _____ Privacy Dividers              |
| _____ Door Wall Replacement      | _____ Railings, Patio Steps         |
| _____ Doors, Exterior Storm      | _____ Railings, Porch               |
| _____ Doors, Interior            | _____ Walk-In Shower Full Bath**    |
| _____ Electrical Outlets **      | _____ Walkway, Poured Concrete**    |
| (Ceiling Fan, Fixtures, Etc.)    | _____ Window Replacement, Block     |
| _____ Floor Covering, Basement   |                                     |
| _____ Floor Covering, Over Tile  |                                     |

DETAILS OF INSTALLATION/ALTERATION \_\_\_\_\_

ESTIMATED COST OF ALTERATION/INSTALLATION? \_\_\_\_\_

WORK WILL BE PERFORMED BY \_\_\_\_\_

REPAIR, MAINTENANCE AND/OR REMOVAL PERFORMED BY \_\_\_\_\_

**NOTE:** This Permit is subject to all requirements of the By-Laws, Occupancy Agreement and Building Codes applicable to Holliday Park Towne Houses by the City of Westland. This Permit in no way relieves the tenant of any liability pertaining to this Installation/Alteration and the Holliday Park Cooperative assumes no responsibility from said improvements. I understand that I, or my successors shall be responsible for future repair, maintenance and/or removal unless specifically noted in policy. Please note that your approved Authorized Improvement will expire 1 year after your granted date listed below. **You must make arrangements with the Maintenance department to inspect your finished project before the expiration date!**

Member Signature \_\_\_\_\_

For Management use only

<b>Workorder #</b> _____	
	BY _____ DATE _____
Granted:	_____
Denied:	_____
Approved:	_____
Not Approved:	_____

Date Installed _____
Authorized Value \$ _____
Improvement _____
Committee Signature _____