

**ELLA**  
**APPLICATION FOR UNIT MODIFICATION**

Residents wishing to make changes to their unit must first forward a written requisition to the Association Council. If the request is for a relatively minor change such as, but not limited to, the installation of a screen door, air conditioner, satellite dish, arbor, etc., Council will consider the matter without further documentation being required.

Should the Council consider the change to be of major proportions such as, but not limited to, adding a window, partitioning a garage, closing in a patio, etc., A Councilor will visit the resident to discuss the matter, and will leave a copy of this application with the resident to be completed and returned before the next Council meeting.

The resident should not commit him/herself to any contractual work or obtain any permits until the initial Council approval has been obtained.

Name of Homeowner: \_\_\_\_\_ Unit #: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS MODIFICATION APPLIES TO:**

- Interior
- Exterior

Will the modification affect the foundation:  Yes  No  
Will the modification affect load-bearing walls:  Yes  No  
If Yes, will the building envelope be compromised:  Yes  No

**Landscaping:**

Does the modification affect any of the underground services (i.e. water, power, gas, sprinkler system);  
 Yes  No

If yes, which ones \_\_\_\_\_

Does the modification limit access to the grounds for maintenance contractors?  Yes  No

If replacing plants, which plants will be replaced and with what type of plant? (Give diagram of the specific bed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify hereunder the proposed changes. Attach plans or drawings if available. Please type or print legibly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED:**

If this or a similar modification has been done at any other unit in this complex, please state which unit:

\_\_\_\_\_

Does your personal homeowner’s insurance policy include coverage for (Unit Improvements and Betterments)? (In other words, will this modification be covered by your insurance policy?)

Yes  No

I agree that the changes will fit in with the harmony/decor of the complex. If applicable, I have discussed the changes with my immediate neighbors, they have seen the plans, and their agreement/comments are attached  Yes  No

**HOMEOWNER 'S RESPONSIBILITIES:**

I agree to obtain any permits required, to arrange building inspections if necessary and to pay all associated costs. I agree to comply with all national, provincial and local building codes that may be applicable.

I agree to accept all liabilities and costs associated with this modification.

I agree to pay for the ongoing maintenance and upkeep of this modification.

I agree to ensure that, when completed, this modification will be included in the purchase agreement on the sale of the property so as to ensure the new owner will agree to the ongoing maintenance and upkeep of the modification.

I agree that if the completed modification is not of an acceptable standard as determined by a competent authority chosen by the Board of ELLA, it will return the property to the original state at my expense.

I am willing to put up a goodwill bond of \$200.00, to be returned on satisfactory completion of the project. MY cheque/money order is enclosed herewith

If any landscaping has been disturbed during the modification phase I agree to ensure the landscaping is returned to its original condition, as far as possible.

I hereby attest and affirm that to the best of my knowledge the statements contained herein are true and accurate. I agree to accept the terms, conditions, and obligations of the Application.

I will notify my neighbours as a courtesy if the modifications will cause any noise or disruption, advising them of the expected length of time for works.

Date: \_\_\_\_\_

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

**WHO WILL PERFORM THE WORK:**

I. Owner:  Yes  No

2. Contractor?  Yes  No

If yes; name of the Contractor: \_\_\_\_\_

Do they have a Business License?  Yes  No

Workers Compensation Registration number is: \_\_\_\_\_

Are they bonded?  Yes  No

**BOARD OF DIRECTORS:**

I. Councilor designated to act as Liaison for this project:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Conditional approval Granted:  Yes  No

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Signed by Authorized Liaison: \_\_\_\_\_

Required permits, etc., have been verified by the Liaison Councilor. Project is hereby approved and authority granted for the commencement of this modification.

Commencement Date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

If not approved by Council, reasons for rejection are to be listed here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copies:

Original+ one (1) to owner (1) ELLA Files