



## Application for Building Modification Instructions

### Basic Information

The Physical Properties Department (PPD) reviews proposed building modifications for the purpose of providing professional guidance to the Boards of Directors of the various Mutuels. The goal is to protect and ensure that there is a high level of quality and continuity for all construction projects throughout the Leisure World community.

**PLEASE NOTE: Unit owners must refer to their Mutual Bylaws, Rules, and Regulations to ensure that modification is allowed, *before* submitting this form for approval.**

*It is very important that you do not enter into any signed contract with a contractor or give a contractor a deposit until your building modification application has been approved, in writing, by your Mutual board and the Physical Properties Department. If you need things like permits and/or special plans from a contractor in order to get board approval, we recommend that you do a draft application (this form) with details of exactly what you want to do prior to getting permits. Your Mutual board can then give you advice on the project and an indication (non-binding) as to whether the project may be approved. Note that if you have to enter into a contract to get permits and formal plans, we recommend that you write into the contract that it is void if you don't get Mutual approval by a certain date.*

### How to Apply

Copies of the ABM Form can be obtained from your Mutual Assistant in the Administration, from the Physical Properties office, or from the Leisure World web site ([www.lwmc.com](http://www.lwmc.com)).

You must fill out the attached form completely. If you fill in the form by hand please write clearly and neatly since many people have to read the form. If you have access to a computer, you can download the form as a fillable PDF and enter the information as you would on a typewriter.

### Other Information

- This application is good for 180 days from date of final approval by the owner's Mutual board. If work is not started within 180 days, a new application must be submitted.
- Unit owners must call PPD 48-hours prior to the start of any construction work at: (301) 598-1317. Permits, if needed, must be provided to PPD at this time.
- A signed copy of the approved application must be provided by the Mutual to the PPD.
- A new application must be submitted if there are any changes or additions to the original application, highlighting the changed or additional material.
- All forms without the necessary information included will be returned to the resident for completion.
- If you have any problems or have any questions, depending on your Mutual, please contact your Mutual Assistant or your Property Maintenance Manager.

## Where to Submit

- Submit the ABM form, along with all accompanying documents, to your property manager, Mutual Assistant, or PPD, according to the policy of your Mutual. See checklist below.
- Next steps after submission to your mutual are for them to submit to PPD. Once PPD reviews, it transmits the form to your Mutual for final approval. The Mutual Board will notify of the disposition of the application. It is your responsibility to query your Mutual Board if you have not heard about your application within 60 days of your request.

---

The following checklist is a guide to help ensure that the information you need to successfully complete the ABM Form has been provided.

- Filled out the ABM form.
- Signatures of the three closest residents who might be affected by modification, *if applicable*.

If you are using a contractor other than PPD, you must include the following:

- Contractor and business name, address, phone number.
  - Copy of contractor's license/contractor's Maryland (specific) trade license number.
  - Copy of Contractors' Certificate of Liability Insurance which names **the unit owner(s), the mutual, and Leisure World of Maryland Corporation as additional insured.**
  - Detailed scope of work to be done by contractor
- Copies of approved **Montgomery County Permits** if applicable, prior to starting work, and *after* initial approval.
  - Detailed (typed) or neatly printed description of the proposed modification) and detailed scope of the work to be done by the contractor(s)), including, one or more of the following: a sketch or drawings of the completed work. (Done to scale), information from a manufacturer's catalog or brochure with descriptive information and materials used.
  - For Master Meter home projects that include doors, windows, or anything else that might change the homes E-Rating you must contact the Energy Advisory Committee at 301-598-1336.



**For office use only:**  
 Dated Submitted to Mutual: \_\_\_\_\_  
 Date Received By PPD: \_\_\_\_\_

## Application for Building Modification

Name (include co-owner): \_\_\_\_\_

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

Mutual #: \_\_\_\_\_ Unit #: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**TYPE of MODIFICATION:**

<input type="checkbox"/> Lighting/Electrical	<input type="checkbox"/> Window/Patio Door/Skylight	<input type="checkbox"/> Florida Room/Addition, or enclosure
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Bonus Room (garage conversion)	<input type="checkbox"/> Patio/Awning/Patio cover
<input type="checkbox"/> Hand Rail	<input type="checkbox"/> Satellite Dish	<input type="checkbox"/> Exterior Ramp (temporary)
<input type="checkbox"/> Fence	<input type="checkbox"/> Shed	<input type="checkbox"/> Exterior Door/Storm
<input type="checkbox"/> Other (indicate what it is): _____		

If work is to be performed by a contractor please provide the following information (if dealing with more than one general contractor provides the same information for each). Also please note the additional items you must include with this application that are listed in the checklist of the instructions. These items must be provided, if applicable to your job, even if you do not use a contractor.

Name of General Contractor: \_\_\_\_\_

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

MD (specific) Trade License #: \_\_\_\_\_

You are responsible for the signatures of the **three closest residents** who will be most affected by the modification attesting to their approval:

- 1) **Resident:** \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_
- 2) **Resident:** \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_
- 3) **Resident:** \_\_\_\_\_ Address: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED DESCRIPTION OF WHAT YOU ARE GOING TO DO (if needed, use a separate sheet of paper).**

---

---

---

---

---

---

---

---

---

---

- I/We hereby agree to the responsibility now, and in the future, of all costs and labor, which are associated with this building modification, including but not limited to, equipment, materials, painting, planting, maintenance, or any needed restoration involved with the attached modification application.
- I/We will save Leisure World of Maryland Corporation harmless, by employing only licensed Contractors, who furnish a Liability Insurance Certificate to the Physical Properties Department, and agree to adhere to all applicable regulations established for Contractors, when operating within Leisure World.
- I/We understand that any additional future upkeep or maintenance expense caused by the above requested modification will be billed to the current unit owner(s) and future owners.

**Unit Owner(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

***PHYSICAL PROPERTY OFFICE RECOMMENDATION AND COMMENTS***

**APPROVE**                       **DISAPPROVE**

---

---

---

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

---

***MUTUAL BOARD OF DIRECTORS (or PROPERTY MAINTENANCE COMMITTEE) COMMENTS***

**APPROVE**                       **DISAPPROVE**

---

---

---

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_