



Lehigh Riverport Condominium Association  
 11 West 2<sup>nd</sup> Street, Bethlehem, PA 18015-1282  
 Site Office Phone: (610) 625-2790



Commercial Real Estate Services, Worldwide.  
 1620 Pond Road – Suite 150  
 Allentown, PA 18104-2284  
 Phone: (610) 264-0200 Fax: (610) 871-1700

**Lehigh Riverport Condominium Association  
Modification Request Form**

Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Owner's Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Owner's E-Mail Address: \_\_\_\_\_

This form must be submitted and approved before any modifications can be made. Outline your request below - be as specific as you can. Please include samples of materials if appropriate and attach written plans or further information about this request as applicable.

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

Contractor Performing Work (if applicable): Name \_\_\_\_\_ Phone# \_\_\_\_\_

Please note the following stipulations:

1. A copy of the Contractor's Certificate of Insurance must be submitted.
2. Modification must be completed within six (6) months of approval date. Should approval expire, applicant must re-submit the request.
3. All maintenance of modification and any damages caused by the modification will forever be the responsibility of the Unit Owner, both current and future. At the discretion of the Board, any modification to the Common Element may be required to be restored to its original state upon the sale of the Unit.

Owner Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your request to: Lehigh Riverport C.A. Executive Board C/O Marilyn Lalley, 11 West 2<sup>nd</sup> Street, OFFICE, Bethlehem, PA 18015

***The use of this request form is to ensure proper compliance of the Declaration and Bylaws set forth by the Association. To ensure proper permits are obtained, it is the responsibility of the owner to contact the City of Bethlehem [www.bethlehem-pa.gov](http://www.bethlehem-pa.gov) 610.865.7000***

*Board Representative or Management Use Only: DATE RECEIVED: \_\_\_\_\_*

\_\_\_\_\_ **Approved** Conditions for Approval: \_\_\_\_\_

\_\_\_\_\_ **Denied** Reason for Denial: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Decision Date: \_\_\_\_\_ Decision conveyed to requestor : \_\_\_\_\_