

Westchester Place Homeowner Association  
c/o Associa Chicagoland  
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Schaumburg, IL 60173  
Phone: 847-490-3833 Fax: 847-490-9807

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## SKYLIGHT REPLACEMENT Modification Request Form

Skylights may be replaced through the roof of a unit only after obtaining an approved Modification Request Form which describes the number, style, dimension and color of the proposed skylights.

The installation shall be professionally done with a Certificate of Insurance from the contractor with the Association named as additionally insured. As all roofs were replaced in 2018 & 2019 and are under warranty, any work must meet special requirements. (Exact match roofing shingles are required. That information will be supplied.)

I request approval to replace skylight(s) at address \_\_\_\_\_. I agree that any damage to the roof or any problems caused by the installation, including any future leaks of any kind, are and will continue to be my responsibility.

Attached is the contract with my vendor describing in full (including the number of skylights) the proposed skylights. (Note: The roofing company recommends that Velux brand skylights are used – especially for replacement. The openings are specific to that brand and will facilitate installation.)

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Date Received by Associa: \_\_\_\_\_

***Return this completed form and attachments to Associa at the address printed at the top of this page***

ACC Approval: \_\_\_\_\_

Date Received by ACC: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_