EXHIBIT "C"

SPRING VALLEY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.
Application for Modification

(Read the instructions on page two before completing the application)

Date:_____ Fee Enclosed $_____

Homeowner's Name:_____
Address:_____
Home Phone:_____ Daytime Phone:_____
Estimate Start Date:_____ Estimate Completion Date:_____

TYPE OF MODIFICATION BEING REQUESTED

___Arbor ___Change of House Color ___Play Equipment
___Basketball Goal ___Landscaping ___Satellite Dish
___Statuary ___Other _____

For minor modifications, please see page two of this form.

MODERATE MODIFICATION:

___Deck ___Screened Porch ___Fence
___Retaining Wall ___Other

($_____ Review Fee for the above change prior to starting modification)

MAJOR MODIFICATION:

___Room Addition ___Other_____

($_____ Review Fee for the above change, prior to starting modification)

Permission is hereby granted for members of the ACC and appropriate Spring Valley Townhomes Homeowners Association representatives to enter the property to make reasonable observation and inspection of the modification request and completed project.

I have discussed this modification with my neighbors who will be directly impacted by the proposed modification.

Homeowner Signature:_____

Please allow a maximum of 60 days for a modification review. If modification is started prior to approval, fees will be tripled.

SPRING VALLEY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

	DATE
Received:	_____
Forwarded to Licensed Landscape Architect	_____
(Insert Firm Name)_____	_____
Review Completion	_____
Application Denied _____	_____
Application Approved _____	_____

CONDITIONAL APPROVAL: The Application for Modification will be approved within 15 days after resubmission provided that the following modifications are made:_____

_____

_____