

LAKE PLACE CONDOMINIUM ASSOCIATION, INC.

REQUEST FOR CHANGES/ALTERATIONS/IMPROVEMENTS

NAME: _____ UNIT NUMBER: _____

ADDRESS: _____

Describe in full - attach sketch if necessary:
(Include name of contractor, if any, and an estimated time of completion.)

I understand that Lake Place Condominium Association, Inc., will not assume any responsibility for maintenance or replacement of the above item unless otherwise specified in the Lake Place Condominium Association, Inc. condominium documents. Should the property granted by the variance become a hazard to common property, it may be removed at the owner's expense. Approval of this request shall not be interpreted, as a waiver of any permit or license required by law.

Unit Owner's Signature _____ Date _____

The Board of Directors APPROVE DISAPPROVE this variance request. The approved variance is valid for 180 days from date of approval. Expiration Date: _____

Responsibility for maintenance and/or replacement for items relative to this variance will be your responsibility and will be passed on to the new owner(s).

Signed by: _____ Date _____

INSPECTION REPORT

Work Completed _____ Date _____ Inspected By _____ Date _____

Comments: _____
