REQUEST FOR MODIFICATION

| | DATE: |
|---|--|
| A CCOCI A TIONI. | |
| ASSOCIATION: | |
| OWNER NAME: | |
| ADDRESS: | |
| PHONE: | when applicable) |
| REQUEST: (submit detailed plan v | when applicable) |
| | |
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| | |
| | |
| | ESPONSIBLE FOR ANY DAMAGE TO THE |
| | ED BY THIS MODIFICATION AND ANY |
| | AME. ALL WORK MUST BE PERFORMED |
| | NTY) AND INSURED CONTRACTOR. WHEN |
| | HEY MUST BE PROPERLY OBTAINED AND |
| | IS FILE. ALSO, A COPY OF FINAL |
| | AINED AND ATTACHED TO THIS FILE. |
| | THE WORK MUST BE ACCOMPLISHED |
| | F APPROVAL, AFTER WHICH TIME SUCH |
| | JPON RECEIPT OF APPROVAL, IN SOME |
| | N WITH THE LAND" MUST BE RECORDED |
| | ECORDS WITH THE EXPENSE OF SAID |
| RECORDING TO BE THE UNIT (| OWNER'S. |
| ********** | ************** |
| DO NOT W | RITE BELOW THIS LINE |
| APPROVED | DISAPPROVED |
| ALL KOVED | DISALI KOVED |
| Ammoved of any alteration and/or ad | dition is harshy siven with the full understanding |
| • | dition is hereby given with the full understanding |
| | placement of same will be totally at the expense of |
| <u>-</u> | are, and will in no way be the responsibility of the |
| | red during installation/modification to the common |
| elements shall be at the unit owner's e | expense. |
| Cionad by | |
| Signed by: | |
| FOR THE BOARD OF | DIRECTORS (print name and title) |

PLEASE RETURN THIS FORM TO: Coastal Association Services, LLC 1314 Cape Coral Pkwy E #205 Cape Coral, FL 33904 Ph. (239) 689-3080 Email: Info@coastalassociation.biz