

LAGO DEL REY CONDOMINIUM, INC. 1

CHANGE REQUEST FORM

THIS SECTION TO BE COMPLETED BY THE HOMEOWNER

Name: _____ **Signature:** _____

Address: _____

Phone: _____ **Email:** _____

DESCRIPTION: Please describe your proposed change/plan.

LOCATION: Attach a copy of your plan/diagram showing where the change will be made.

DIMENSIONS: _____

MATERIALS: _____

THIS SECTION TO BE COMPLETED BY THE BOARD OF DIRECTORS

APPROVED: _____ **YES** _____ **NO** _____ **DATE:** _____

BOARD MEMBER SIGNATURE: _____ **DATE:** _____

BOARD MEMBER SIGNATURE: _____ **DATE:** _____

BOARD COMMENTS: _____

BOARD FINAL INSPECTION BY: _____ **DATE:** _____

1. ALL CHANGES MUST BE COMPLETED WITHIN 30 DAYS OF APPROVAL DATE UNLESS SPECIFICALLY STATED AND APPROVED OTHERWISE ON THIS FORM.
2. CHANGES ARE GRANTED TO THE OWNER AT THE EXPENSE OF THE OWNER WITH THE UNDERSTANDING THAT FUTURE PROJECTS BY THE ASSOCIATION MAY AFFECT THE ABOVE DESCRIBED AREAS OF CHANGE.
3. SOME CHANGES CAN ONLY BE MADE BY A LICENSED CONTRACTOR. THOSE CASES WILL REQUIRE ADDITIONAL DOCUMENTS BEING SUBMITTED TO THE BOARD PRIOR TO APPROVAL SUCH AS THE CONTRACTOR'S LICENSE AND CONTRACTOR'S CERTIFICATE OF INSURANCE. ANY AND ALL GOVERNMENT REQUIREMENTS SUCH AS PERMITTING ARE THE RESPONSIBILITY OF THE OWNER. **ANY AND ALL FINES OR COSTS ARISING FROM OWNER DEFICIENCIES OR FAILURE TO COMPLY WITH LOCAL CODE AND PERMITTING REQUIREMENTS WILL BE AT THE EXPENSE OF THE OWNER.**