

ALTERATION APPLICATION

Owner's Name:	Unit #
	Phone:
Mailing Address	
Describe the typ	e of alteration you intend to make and the materials you will use:
	A Samuel de albigationes \
(If more space i	s required, please attach to this form.)
and any other r	must be accompanied by a sketch indicating location, size and type of construction elevant information that may be requested by the Association Board. A site plan may some alterations, as may be determined by the Board.
requirements that what, if any, gov of governmenta	has no jurisdiction with regard to any state, county or city law, code or permit a may apply to the proposed alteration. Neither is the Association obligated to determine ernmental requirements may apply. The obligation to make determine the applicability I requirements and to comply therewith lies solely with the applicant and the no liability whatever regarding such matters.
responsibility for that neither We required to ren-	or the approval of the described alteration, it is understood that the applicant assumes sole the repair, maintenance or replacement of the alteration. It is understood and agreed estebester Lake Condominium Association, Inc. nor any contract manager are air, replace or maintain any approved alteration. The applicant assumes all nd cost for the lawful construction and maintenance of the alteration.
Date:	Owner's Signature:
ACTION TAKE	N BY THE ASSOCIATION:
Date:	Approved: Disapproved:
Authorized Signature	for the Association