CINNAMON COVE SINGLE FAMILY II CONDOMINIUM ASSOCIATION, INC.

REQUEST FOR MODIFICATION

DATE:	
NAME:	
ASSOCIATION ADDDRESS:	
PHONE NO	
EMAIL ADDRESS	
REQUEST (Submit detailed	plan):
at which time such approval is reso	I understand the work must be accomplished within 90 days of approval, cinded.
	(Owner Signature)
	DO NOT WRITE BELOW THIS LINE
APPROVED	DISAPPROVED
Approval of any alteration and/or repair and/or replacement of sam	additions is hereby given with the full understanding that the maintenance will be total at the ex pense of the unit owner(s), present and/or future, ibility of the Association. Also, any damage incurred during ommon elements shall be at the unit owner's expense.
(For the Roard of Direct	tors) Date