

Chasewood of Jupiter North Condominium Association, Inc. Unit Modification Request

Date: _____

Unit Owner (Applicant): _____

Address of Unit/Lot: _____

Mailing Address (If different than above): _____

Phone Number: (Home) _____ (Office) _____

Subject Being Requested (Please describe IN DETAIL, include materials and colors to be used as well size, supply spec sheets if applicable):

Attach additional pages if required. Remember to plot your above request on your lot survey and submit with this request.

I/We hereby make application to the Chasewood of Jupiter North Condominium Association, Inc. for the above-described item to be approved by the Board of Directors

DRAWINGS ATTACHED (circle one): YES NO

I/We understand that approval of our request must be granted before I/we have the job started. I/We also acknowledge that we could be forced to have an item removed if it is installed without approval. I/We also understand that our request could be delayed if insufficient information is included in our request.

DATE: _____

Signature of Applicant

Signature of Applicant

OFFICE USE ONLY

Request date: _____ Request Before Board Date: _____

APPROVAL _____ DISAPPROVAL _____ Homeowner Contacted Date: _____

Contact made via: _____ Request Filed Date: _____

