

**KOVE ASSOCIATION, INC. OF VOLUSIA  
WORK ORDER REQUEST**

**IMPORTANT: APPROVAL OF THIS REQUEST DOES NOT PRECLUDE OBTAINING NECESSARY PERMITS FROM VOLUSIA COUNTY OR  
ANY OTHER REQUIRED PERMITS.**

UNIT OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

TYPE OF WORK (sketch must be attached, dimensions, (width-length-height), and color:

\_\_\_\_\_  
\_\_\_\_\_

MATERIALS: \_\_\_\_\_

WORK TO BE DONE BY: \_\_\_\_\_ IF CONTRACTOR, LICENSE#: \_\_\_\_\_

By signing this request, I as a unit owner agree to the following terms:

1. The work REQUEST I have requested for approval as described above MUST NOT BE CHANGED IN ANY WAY, SHAPE, FORM, OR COLOR AFTER IT HAS BEEN APPROVED BY THE BOARD.
2. I must COMPLY with the work REQUEST REVIEW OR AT MY OWN EXPENSE, I MUST RE-DO THE WORK TO CONFORM WITH THE WAY IT WAS ORIGINALLY APPROVED.
3. If a permit is required from any governing entity, work may not be started until permits are received.
4. Work must be started within 60 days of approval, OR be RE-SUBMITTED
5. As it applies, a committee member or board member will check on the progress of work being done.
6. **Owner must advise the committee when work is completed so a final inspection can be done.**

UNIT OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*\* An approved copy of this request must be picked up by you prior to starting work\*\*\***

("PUTTING UP A NEW UNIT"), I understand that it is my responsibility to inform the contractor and/or dealer they and you are responsible for any damage done to the entrance or other property in the Kove when delivering and setting up a new unit and removing the old. A refundable \$100 deposit is required. This also applies to removals or relocation of units. Make sure unit is located correctly on the lot by the applicable Kove committee.

Work Permit Committee will review requests and make their recommendation to the Board of Administration. Approval of this work REQUEST requires a majority of Board Members to sign if they are in agreement with the committee.

**COMMITTEE STAMP IF APPROVED:**

REJECTION REASON: \_\_\_\_\_

BOARD APPROVALS: 1. \_\_\_\_\_ DATE: \_\_\_\_\_

2. \_\_\_\_\_ DATE: \_\_\_\_\_

3. \_\_\_\_\_ DATE: \_\_\_\_\_