## COBBLESTONE TRACE CONDOMINIUM ASSOCIATION ARCHITECTURAL MODIFICATION REQUEST FORM

| keeping with the 6. I certify that I have review (if applicate)  Date  Date Received by Asterior APPROVED by q APPROVED with application and application and application are seen as a second application are second application are second as a second application are second as a second application are second application are second as a second applicati | Homeowner Signature(s)   |
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| <ul> <li>Complete descriphing</li> <li>Floor Plan, Elevative</li> <li>Please Note: Wind current color.</li> <li>I do, by my signature</li> <li>That applicable of acknowledge that acknowledge that acknowledge that acknowledge that acknowledge that I will accept modification(s).</li> <li>That I will accept modification(s).</li> <li>That the Homeoverpense if: 1) the</li> </ul>   | oposed modification(s) to approximate scale with dimensions. In possible option (photos/drawings) as to construction design, materials (types & sizes), and color/finish. In action, Section Drawing (i.e. footings).  In the section Drawing (i.e |
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|  | REQUEST:   |
|  | Work Phone   |
| Home Phone   | nty)   |
| in (name of commun<br>Home Phone   | ome atnity)  |