

**ISLAND POINTE OWNERS ASSOCIATION
ALTERATIONS & ADDITIONS APPLICATION**

OWNER: _____ UNIT # _____ DATE: _____

ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE _____ ZIP _____ WORK PHONE: _____

DESCRIPTION OF IMPROVEMENT: _____

DIMENSIONS: _____

**CONTRACTORS NAME, LAKE DELTON PERMIT, AND GENERAL
DRAWING OF ALTERATION MUST BE INCLUDED WITH THIS FORM!**

CONDITIONS: I AGREE TO RESTORE (IF REQUIRED) THE EFFECTED AREA TO ITS ORIGINAL PRIOR TO ALTERATION CONDITION AT THE TIME I SELL MY HOME BEFORE I AM ISSUED A CLOSING LETTER FROM THE ASSOCIATION.

EXTERIOR STAINING OR PAINTING YOU MUST USE THE APPROVED COLORS.

SIGNATURE _____ DATE _____

**SEND COMPLETED FORM TO: Dave Sullivan
1605 NW 122nd Street, Clive, IA 50325 or to Fax 515-276-8968**

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FOR OFFICE USE ONLY

DATE RECEIVED: _____ BY: _____

DATE APPROVED: _____ BY: _____

REASON FOR DISAPPROVAL: _____

FINAL INSPECTION BY: _____ DATE: _____

COPY TO HOMEOWNER: _____ ORIGINAL TO FILE: _____

**ISLAND POINTE RESORT CONDOMINIUMS
1251 CANYON ROAD
LAKE DELTON, WI 53940**