

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

OWNER: _____ UNIT # _____ DATE: _____

ADDRESS: _____ 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:

Bob Justice 27609 West Groveland Ave, Spring Grove, IL 60081

or Email to Ruffneck1008@yahoo.com

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**

**** Alterations/Additions approvals expire in 90 days if work has not begun****