

Construction/Remodeling Form

Date of Submission _____

Unit Number _____ Owner Name _____

Owner Contact Phone Number _____

Contractor _____

Contractor Contact Name and Direct Phone _____

Description of Work

Expected Total Duration of Work (how many days?) _____

Proposed Dates of Work

Does Section L. in the Articles of Incorporation apply? Yes No
See Articles for additional information. This usual applies when walls are affected.

Accepted by Cove Officer and Date _____